



Economic and Social Council

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Commission on Narcotic Drugs

Forty-third session

Vienna, 6-15 March 2000

Item 2 of the provisional agenda

Adoption of the agenda and other organizational matters

Provisional agenda

1. Election of officers.
2. Adoption of the agenda and other organizational matters.

A. Structure of the agenda by segments

Normative segment

Mandates received from the General Assembly

3. Follow-up to the twentieth special session of the General Assembly: general overview and progress achieved in meeting the goals and targets for the years 2003 and 2008 set out in the Political Declaration adopted by the Assembly at its twentieth special session, including guidelines and the consideration of the establishment of indicators for reporting on the progress achieved and on the implementation of the Global Programme of Action.

Treaty-based and normative functions

4. Reduction of illicit demand for drugs:
 - (a) Action Plan for the Implementation of the Declaration on the Guiding Principles of Drug Demand Reduction;
 - (b) World situation with regard to drug abuse.
5. Illicit drug traffic and supply:
 - (a) World situation with regard to drug trafficking and reports of subsidiary bodies of the Commission;

- (b) Follow-up to the twentieth special session:
 - (i) Measures to promote judicial cooperation (extradition, mutual legal assistance, controlled delivery, trafficking by sea and law enforcement cooperation, including training);
 - (ii) Countering money-laundering;
 - (iii) Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and on Alternative Development.
- 6. Implementation of the international drug control treaties:
 - (a) Changes in the scope of control of substances;
 - (b) International Narcotics Control Board;
 - (c) International cooperation in order to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes;
 - (d) Follow-up to the twentieth special session of the General Assembly:
 - (i) Measures to prevent the illicit manufacture, import, export, trafficking, distribution and diversion of precursors used in the illicit manufacture of narcotic drugs and psychotropic substances;
 - (ii) Action Plan against Illicit Manufacture, Trafficking and Abuse of Amphetamine-type Stimulants and Their Precursors;
 - (e) Other matters arising from the international drug control treaties.

Operational segment

- 7. Policy directives to the United Nations International Drug Control Programme.
- 8. Strengthening the United Nations machinery for drug control.
- 9. Administrative and budgetary questions.

B. Organizational and other matters

- 10. Consideration of (a) the timing and theme of any ministerial-level segment to be convened by the Commission and (b) the modalities for the inclusion of the item entitled "General debate" and the themes to be addressed by the Commission at future sessions.
- 11. Provisional agenda for the forty-fourth session of the Commission.
- 12. Other business.
- 13. Adoption of the report of the Commission on its forty-third session.

Annotations

1. Election of officers

Rule 15 of the rules of procedure of the functional commissions of the Economic and Social Council¹ provides that, at the commencement of the first meeting of a regular session, the Commission shall elect, from among the representatives of its members, a Chairman and such other officers as may be required.

In accordance with rule 16 of the rules of procedure, officers of the Commission shall hold office until their successors are elected and shall be eligible for re-election.

Beginning with its eleventh special session, held in 1990, the Commission has elected a Chairman, three Vice-Chairmen and a Rapporteur. In view of the rotation of offices based on regional distribution, the officers at the forty-second session were from the following regional groups: Chairman—Asia: Mohammad S. Amirkhizi (Islamic Republic of Iran); first Vice-Chairman—eastern Europe: Marie Košťálová (Czech Republic); second Vice-Chairman—western Europe and others: Camilo Vásquez (Spain); third Vice-Chairman—Latin America and the Caribbean: Roberta Lajous Vargas (Mexico) for the regular session and Olga Pellicer (Mexico) for the reconvened session; and Rapporteur—Africa: Abubakkr Salih Nur (Sudan) for the regular session and Abdellatif Saadi (Morocco) for the reconvened session.

A group composed of the five chairmen of the regional groups was established to assist the Chairman in dealing with organizational matters. That group, together with the elected officers, constituted the extended bureau foreseen in Council resolution 1991/39 of 21 June 1991.

In its resolution 1999/30, the Council decided on the following arrangements for the election of the bureau of the Commission in order to implement the provisions of paragraph 3 for enhancing the functioning of the Commission on Narcotic Drugs:

“... with effect from the year 2000, the Commission should, at the end of its session, elect its bureau for the subsequent session and encourage it to play a more active role in the preparations of the regular as well as the informal inter-session meetings of the Commission, so as to enable the Commission to provide continuous and effective policy guidance to the Programme.”

In the light of that decision, and in accordance with rule 16 of the rules of procedure, the bureau of the forty-second session of the Commission will continue to serve as the bureau for its forty-third session.

The Commission, immediately following the closure of the forty-third session, will hold the first meeting of its forty-fourth session for the sole purpose of electing the new chairman and other members of the bureau in accordance with rule 15 of the rules of procedure.

2. Adoption of the agenda and other organizational matters

Rule 7 of the rules of procedure of the Economic and Social Council provides that the Commission shall, at the beginning of each session, adopt the agenda for that session on the basis of the provisional agenda.

¹ United Nations publication, Sales No. E.83.I.10

In its decision 1999/264, the Council took note of the report of the Commission on Narcotic Drugs and approved the provisional agenda and documentation for the forty-third session of the Commission, on the understanding that informal inter-sessional meetings would be convened in Vienna, at no additional cost, to finalize the items to be included in the provisional agenda of the forty-third session and the documentation requirements for that session.

Pursuant to Council decision 1999/264, an informal inter-sessional meeting of the Commission was convened in Vienna on 24 November 1999.

At its reconvened forty-second session, the Commission took note of the outcome of the inter-sessional meeting held on 24 November 1999, and approved the provisional agenda for its forty-third session.

In its resolution 1999/30, the Council decided that the normative functions of the Commission should be made distinct from its role as the governing body of the United Nations International Drug Control Programme (UNDCP), and that, to that end, the agenda of the Commission should be structured in two distinct segments as follows:

- “(a) A normative segment, during which the Commission would discharge its treaty-based and normative functions, including mandates received from the General Assembly and the Economic and Social Council, and deal with emerging drug control issues;
- “(b) An operational segment, during which the Commission would exercise its role as the governing body of the United Nations International Drug Control Programme and consider issues related to the provision of policy guidance to the Programme.”

The provisional agenda has been structured to comply with that decision of the Council.

Documentation

Provisional agenda, annotations and provisional timetable (E/CN.7/1999/1)

Normative segment

(a) Mandates from the General Assembly

3. **Follow-up to the twentieth special session of the General Assembly: general overview and progress achieved in meeting the goals and targets for the years 2003 and 2008 set out in the Political Declaration adopted by the Assembly at its twentieth special session, including guidelines and the consideration of the establishment of indicators for reporting on the progress achieved and on the implementation of the Global Programme of Action**

In paragraph 20 of the Political Declaration adopted by the General Assembly at its twentieth special session (Assembly resolution S-20/2, annex), the Assembly requested all States to report biennially to the Commission on their efforts to meet the goals and targets for the years 2003 and 2008 agreed at its twentieth special session. The Assembly also requested the Commission to analyse those reports in order to enhance the cooperative effort to combat the world drug problem.

At its forty-second session, the Commission adopted resolution 42/4 entitled "Guidelines for reporting by Governments on the implementation of the Global Programme of Action and on the progress achieved in meeting the goals and targets for the years 2003 and 2008, as set out in the Political Declaration adopted by the General Assembly at its twentieth special session". In that resolution the Commission decided to establish an inter-sessional working group to elaborate guidelines in order to facilitate reporting by Governments.

At its reconvened forty-second session, the Commission adopted resolution 42/11 entitled "Guidelines for reporting on the follow-up to the twentieth special session of the General Assembly". The Commission also approved the questionnaire, annexed to resolution 42/11, for reporting on the action plans and measures adopted by the General Assembly at its twentieth special session, on the understanding that the questionnaire would be streamlined and amended during the reporting period.

Pursuant to resolution 42/11, the Commission may wish to give consideration to establishing, at its forty-third session, a set of common indicators, criteria and parameters for the preparation of its report on the progress achieved in meeting the goals and targets for the years 2003 and 2008, as set out in the Political Declaration adopted by the Assembly at its twentieth special session.

In its resolution 54/132, entitled "International cooperation against the world drug problem", the General Assembly requested the Commission, with the support of UNDCP, to continue its work expeditiously, within the established time-frames, on the elaboration of guidelines to facilitate biennial reporting by Governments on the implementation of the Global Programme of Action and progress achieved in meeting the goals and targets for the years 2003 and 2008, as set out in the Political Declaration adopted at the twentieth special session, and to encourage an efficient collection of reliable data, an increase in the number of Governments that report updated information on a regular basis and an improvement in the quality of their responses as well as the avoidance of the duplication of activities.

In addressing the follow-up to the twentieth special session, the Commission may note that the Assembly, in its resolution 54/132, requested the Secretary-General to submit to the General Assembly at its fifty-fifth session a comprehensive report on the implementation of the outcome of the twentieth special session, including the Action Plan for the Implementation of the Declaration on the Guiding Principles of Drug Demand Reduction. The Commission may wish to indicate the issues that should be contained in the report of the Secretary-General to the General Assembly.

As a result of consultations during the regular and reconvened forty-second session of the Commission and those held on an informal basis, the specific action plans and sets of measures adopted by the Assembly at its twentieth special session will be considered under the corresponding items of the agenda of the Commission at its forty-third session. For its consideration of the item, the Commission will have before it a report of the Executive Director on the follow-up to the twentieth special session of the General Assembly (E/CN.7/1999/2).

Documentation

Report of the Executive Director on the follow-up to the twentieth special session of the General Assembly (E/CN.7/1999/2)

4. Reduction of illicit demand for drugs:

(a) Action Plan for the Implementation of the Declaration on the Guiding Principles of Drug Demand Reduction;

(b) World situation with regard to drug abuse.

In its resolution 42/6, the Commission recommended that the Declaration on the Guiding Principles of Drug Demand Reduction (Assembly resolution S-20/3, annex), as well as the Action Plan for the Implementation of the Declaration on the Guiding Principles of Drug Demand Reduction (Assembly resolution 54/132, annex) with its new objectives, strategies and programmes for the future, should be fully implemented.

In that resolution, the Commission invited Member States, when implementing the national prevention strategies and programmes in accordance with the Action Plan, to pay particular attention to the need for thorough and extensive education campaigns at all levels; to include measures aimed at raising the awareness of the public and targeted population groups of the risks linked to the use of drugs, as well as measures to enhance the quality and accuracy of the information circulated by the mass media and to limit and counterweigh by positive messages the damage caused by information that conflicts with those strategies.

In addition, the Commission also invited Member States to consider focusing on the above-mentioned issues in training programmes both for the police and the judiciary responsible for preventive information and for persons working in social and youth services and school and health facilities and to ensure proper coordination.

In its resolution 54/132, the General Assembly adopted the Action Plan for the Implementation of the Declaration on the Guiding Principles on Drug Demand Reduction and urged all Member States to implement the Action Plan in their respective national, regional and international actions and to strengthen their national efforts to fight the use of illicit drugs among their population, particularly among children and youth.

In that resolution, the General Assembly requested the Executive Director of UNDCP to report to the Commission, at its forty-third session, on the follow-up to the Action Plan for the Implementation of the Declaration on the Guiding Principles of Drug Demand Reduction. The Commission will have before it the report of the Executive Director on the subject (E/CN.7/2000/3).

The Commission will also have before it a note prepared by the Secretariat on the world situation with regard to drug abuse (E/CN.7/2000/4).

Documentation

Report of the Executive Director on the Action Plan for the Implementation of the Declaration on the Guiding Principles of Drug Demand Reduction (E/CN.7/2000/3)

Note by the Secretariat on the world situation with regard to drug abuse (E/CN.7/2000/4)

5. **Illicit drug traffic and supply:**
- (a) **World situation with regard to drug trafficking and reports of subsidiary bodies of the Commission;**
 - (b) **Follow-up to the twentieth special session:**
 - (i) **Measures to promote judicial cooperation (extradition, mutual legal assistance, controlled delivery, trafficking by sea and law enforcement cooperation, including training);**
 - (ii) **Countering money-laundering;**
 - (iii) **Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and on Alternative Development.**

Under item 5 of its agenda, the Commission will be informed of recent trends in illicit drug trafficking worldwide. It will also be informed of the reports of its subsidiary meetings convened since the forty-second session. The Commission is invited to consider the conclusions and recommendations emanating from the Twenty-third Meeting of Heads of National Drug Law Enforcement Agencies, Asia and the Pacific, and the Ninth Meeting of Heads of National Drug Law Enforcement Agencies, Latin America and the Caribbean. The Commission will have before it a report prepared by the Secretariat on the world drug situation with regard to illicit drug trafficking and action taken by its subsidiary bodies (E/CN.7/2000/5).

In its resolution 54/132, the General Assembly called upon States in which cultivation and production of illicit drug crops occur to establish or reinforce, where appropriate, national mechanisms to monitor and verify illicit crops, and requested the Executive Director of UNDCP to report to the Commission at its forty-third session on the follow-up to the Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and on Alternative Development. The Commission will have before it the report of the Executive Director on the subject (E/CN.7/2000/6).

UNDCP will make a presentation to the Commission on its recent activities to support governments in countering money-laundering.

Documentation

Report of the Secretariat on the world situation with regard to illicit drug trafficking and action taken by the subsidiary bodies of the Commission on Narcotic Drugs (E/CN.7/2000/5)

Report of the Executive Director on the follow-up to the Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and on Alternative Development (E/CN.7/2000/6)

6. Implementation of the international drug control treaties

(a) Changes in the scope of control of substances

(b) International Narcotics Control Board

Under item 6 of its provisional agenda, the Commission is called upon to carry out its treaty functions under the provisions of various articles of the international drug control treaties.

In accordance with the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988,² article 12, paragraph 13, which calls on the Commission to periodically review the adequacy and propriety of Tables I and II, the Commission will examine a recommendation by the International Narcotics Control Board to the effect that the substance norephedrine be included in Table I of that Convention. For its consideration of the item, the Commission will have before it a note by the Secretariat containing the assessment, findings and recommendations of the Board with respect to the substance (E/CN.7/2000/7). The Board has found that norephedrine is frequently used in the illicit manufacture of amphetamine and that the volume and extent of illicit manufacture of amphetamine create serious public health or social problems and warrant international action. In accordance with the 1998 Convention, article 12, paragraph 5, the Commission may decide whether or not to include norephedrine in Table I of that Convention by a two-thirds majority of its members.

Documentation

Note by the Secretariat on changes in the scope of control of substances (E/CN.7/2000/7)

The annual report of the International Narcotics Control Board is submitted to the Economic and Social Council through the Commission, in accordance with the provisions of the international drug control treaties. The Commission may make such comments on the report as it sees fit. In addition, article 8 of the Single Convention on Narcotic Drugs of 1961,³ article 8 of that Convention as amended by the 1972 Protocol,⁴ article 17 of the Convention on Psychotropic Substances of 1971⁵ and article 21 of the 1988 Convention authorize the Commission to call the attention of the Board to any matters that may be relevant to the functions of the Board. The report of the Board for 1999 (E/INCB/1999/1) will be before the Commission.

Article 12, paragraph 13, of the 1988 Convention requires the Board to report annually to the Commission on the implementation of that article. It is suggested that the 1999 report of the Board on the implementation of article 12 of the 1988 Convention (E/INCB/1999/4) should be considered at the same time as the main

² See *Official Records of the United Nations Conference for the Adoption of a Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, Vienna, 25 November-20 December 1988*, vol. I (United Nations publication, Sales No. E.94.XI.5).

³ United Nations, *Treaty Series*, vol. 520, No. 7515.

⁴ *Ibid.*, vol. 976, No. 14152.

⁵ *Ibid.*, vol. 1019, No. 14956.

report of the Board for 1998. That would be in line with the recent practice of the Commission.

In its resolution 142/2, entitled "Control of illicit trafficking in and diversion of potassium permanganate", the Commission requested the International Narcotics Control Board to prepare, in accordance with its mandate under the 1988 Convention, a report on the effects of the temporary measures for the control of potassium permanganate, and to submit that report to the Commission at its forty-third session as part of its general report on the implementation of article 12 of the Convention. The request of the Commission related to potassium permanganate is covered in the report of the Board on the implementation of article 12.

Documentation

Report of the International Narcotics Control Board for 1999 (E/INCB/1999/1)

Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 1998 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (E/INCB/1999/4)

(c) International cooperation in order to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes

In Chapter I of its report for 1999, the International Narcotics Control Board addresses the question of the availability of narcotic drugs and psychotropic substances for medical and scientific purposes. That matter will be addressed by the President of the Board in presenting to the Commission the report of the Board for 1999.

(d) Follow-up to the twentieth special session of the General Assembly:

(i) Measures to prevent the illicit manufacture, import, export, trafficking, distribution and diversion of precursors used in the illicit manufacture of narcotic drugs and psychotropic substances;

(ii) Action Plan against Illicit Manufacture, Trafficking and Abuse of Amphetamine-type Stimulants and Their Precursors.

The report of the Board on the implementation of article 12 of the 1988 Convention will also reflect the status of measures recommended by the special session to prevent the illicit manufacture, import, export, trafficking, distribution and diversion of precursors used in the illicit manufacture of narcotic drugs and psychotropic substances. The annual report of the Board will also cover amphetamine-type stimulants, as part of its report on psychotropic substances.

The two issues (amphetamine-type stimulants and precursors) will be considered following the presentation of the annual report of the Board for 1999 and the report on the implementation of article 12 of the 1988 Convention.

Governments are invited to inform the Commission of action taken at the national level to put into effect the measures with regard to precursors recommended by the

General Assembly at its twentieth special session (Assembly resolution S-20/4 B), as well as initiatives taken with regard to the Action Plan against Illicit Manufacture, Trafficking and Abuse of Amphetamine-type Stimulants and Their Precursors (Assembly resolution S-20/4 A).

(e) Other matters arising from the international drug control treaties

The Commission will have before it, for its information, the latest issue of the publication entitled *Competent National Authorities under the International Drug Control Treaties* (ST/NAR.3/1997/1).

The Commission will also have before it, for its information, the cumulative index of national laws and regulations relating to the control of narcotic drugs and psychotropic substances for the period 1996-1999.

Operational segment

7. Strengthening the United Nations machinery for drug control

In its resolution 1999/30, entitled "Review of the United Nations International Drug Control Programme: strengthening the United Nations machinery for international drug control within the scope of the existing international drug control treaties and in accordance with the basic principles of the Charter of the United Nations", the Economic and Social Council identified five main areas for strengthening the United Nations capacity in drug control. They related to the following: (a) enhancing the functioning of the Commission on Narcotic Drugs; (b) enhancing the functioning of the International Narcotics Control Board; (c) strengthening the financing of UNDCP; (d) framework for inter-agency cooperation and coordination; and (e) operations of UNDCP.

The Council requested the Executive Director of UNDCP, with the assistance of the Chairman of the High-Level Expert Group to review the United Nations International Drug Control Programme and to strengthen the United Nations Machinery for Drug Control, to continue to explore innovative means of increasing the resources for drug control programmes, including the creation of a global drug facility, for example, along the lines of the Global Environment Facility, and to report thereon to the Commission at its forty-third session. The Commission will have before it the report of the Executive Director on the subject (E/CN.7/2000/8). In his report, the Executive Director will inform the Commission of efforts to strengthen the United Nations machinery for drug control.

Documentation

Report of the Executive Director on strengthening the United Nations machinery for drug control (E/CN.7/1999/8)

8. Policy directives to the United Nations International Drug Control Programme

In its resolution 1999/30 the Council indicated that the Commission, during the operational segment of its sessions, would exercise its role as the governing body of UNDCP and consider issues related to the provision of policy guidance to the Programme.

For the consideration of item 8 of its agenda, the Commission will have before it the report of the Executive Director of UNDCP on the activities of the Programme during 1999 (E/CN.7/1999/9)

Documentation

Report of the Executive Director on the activities of the United Nations International Drug Control Programme (E/CN.7/2000/9)

9. Administrative and budgetary questions

In its resolution 13 (XXXVI), the Commission established a budget cycle for the Fund of the United Nations International Drug Control Programme and a methodology that it would follow in its consideration of budgetary matters. That methodology was revised by the Commission in its resolutions 7 (XL) and 8 (XL), in which it adopted budget proposals in line with the harmonized budget model followed also by the United Nations Development Programme, the United Nations Children's Fund and the United Nations Fund for Population Activities. According to the budget cycle and revised methodology, the Commission approves the final biennial support budget and final programme budget for the current biennium and the initial biennial support budget and initial biennial programme budget for the next biennium for the Fund of UNDCP at its reconvened session, held in December of odd-numbered years. The Commission, at its reconvened forty-second session held in December 1999, approved the budget of the Fund of UNDCP.

At its session held in the first half of odd-numbered years, the Commission reviews and approves the revised biennial support budget and revised biennial programme budget for the current biennium and the proposed outline for the budget of the Fund for the next biennium. The relevant documents will be brought to the attention of the Commission at its forty-fourth session in 2001. For its consideration of the item, the Commission will have before it a note by the Secretariat on administrative and budgetary questions (E/CN.7/2000/10).

Documentation

Note by the Secretariat on administrative and budgetary questions (E/CN.7/2000/10)

Organizational and other matters

10. Consideration of (a) the timing and theme of any ministerial-level segment to be convened by the Commission and (b) the modalities for the inclusion of the item entitled "General debate" and the themes to be addressed by the Commission at future sessions

(a) Timing and theme of any ministerial-level segment

In its resolution 1999/30, the Council recommended that the Commission convene, whenever appropriate, ministerial-level segments of its sessions to focus on specific themes related to the follow-up to the twentieth special session of the General Assembly. The Council also requested the Commission at its forty-third session to consider the timing of and theme for any such ministerial-level segment.

The proposal to have a ministerial segment was intended to maintain the political momentum for dealing with the world drug problem following the twentieth special session of the General Assembly.

(b) Modalities for inclusion of the item entitled "General debate" and the themes to be addressed by the Commission at its future sessions

Following consultations during the inter-sessional meeting of the Commission held on 24 November 1999 and during the reconvened forty-second session held on 30 November and 1 December 1999, it was decided not to have a "General debate" at the forty-second session, particularly since no theme had been identified for such a debate.

The Commission, at its reconvened forty-second session, decided that it should examine, at its forty-third session, the modalities for the inclusion of the item entitled "General debate" and the themes to be addressed by the Commission at future sessions. That would include consideration of the manner in which the "General debate" is to be organized and structured.

11. Provisional agenda for the forty-fourth session

12. Other business

No issues that need to be raised under item 11 have come to the attention of the Secretariat and no documentation on the item is currently foreseen.

13. Adoption of the report of the Commission on its forty-third session

It is expected that the Commission will adopt the report on its forty-third session by the afternoon of the last day of the session.

Annex

Proposed organization of work

Committee of the Whole

1. In its resolution 1991/39, the Economic and Social Council decided, *inter alia*, that the Commission on Narcotic Drugs should establish a committee, the membership of which should be open to all States members of the Commission, to perform such functions as requested by the Commission in order to assist it in dealing with its agenda and to facilitate its work.
2. For the forty-third session of the Commission, it is suggested that the Committee of the Whole might be entrusted with preliminary examination of the following: reduction of illicit demand for drugs: Action Plan for the Implementation of the Declaration on the Guiding Principles of Drug Demand Reduction (item 4 (a)); illicit drug traffic and supply: world situation with regard to drug trafficking and reports of subsidiary bodies of the Commission (item 5(a)).
3. In accordance with established practice, the Commission will first consider draft resolutions in the Committee of the Whole before they are brought to the plenary.
4. The Committee of the Whole is scheduled to meet on Tuesday, Wednesday, Thursday and Friday, 7-10 March 2000, to consider the agenda items referred to in paragraph 2 above and to review draft resolutions.

Timetable

5. The timetable shown below is subject to approval by the Commission. As soon as discussion on an item or sub-item has been finished, the following one will be taken up, time permitting. Suggested meeting times are from 10 a.m. to 1 p.m. and from 3 p.m. to 6 p.m.

Provisional timetable

	<i>Plenary</i>	<i>Committee of the Whole</i>
<i>Monday, 6 March</i>		
1181st meeting 10 a.m.-1 p.m.	<i>Item 1. Election of officers</i>	
	<i>Item 2. Adoption of the agenda and other organizational matters</i>	
	<i>A. Structure of the agenda by segments</i>	
	<i>Normative segment</i>	
1182nd meeting 3 p.m.-6 p.m.	<i>Item 3. Follow-up to the twentieth special session of the General Assembly</i>	

*Plenary**Committee of the Whole*

Item 3. Follow-up to the twentieth special session of the General Assembly (continued)

Tuesday, 7 March

1183rd meeting
10 a.m.-1 p.m.

Item 3. Follow-up to the twentieth special session of the General Assembly (continued)

Item 4 (a). Reduction of illicit demand for drugs: Action Plan for the Implementation of the Declaration on the Guiding Principles of Drug Demand Reduction

1184th meeting
3 p.m.-6 p.m.

Item 3. Follow-up to the twentieth special session of the General Assembly (continued)

Item 4 (a). Reduction of illicit demand for drugs: Action Plan for the Implementation of the Declaration on the Guiding Principles of Drug Demand Reduction (continued)

Wednesday, 8 March

1185th meeting
10 a.m.-1 p.m.

Item 6 (a). Implementation of the international drug control treaties: changes in the scope of control of substances

Item 4 (b). Reduction of illicit demand for drugs: world situation with regard to drug abuse

Item 6 (b). Implementation of the international drug control treaties: International Narcotics Control Board

1186th meeting
3 p.m.-6 p.m.

Item 6 (b). Implementation of the international drug control treaties: International Narcotics Control Board (continued)

Item 5 (a). Illicit drug traffic and supply: world situation with regard to drug trafficking and reports of subsidiary bodies of the Commission

Item 6 (c). Implementation of the international drug control treaties: international cooperation in order to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes

Item 5 (b). Illicit drug traffic and supply: follow-up to the twentieth special session

	<i>Plenary</i>	<i>Committee of the Whole</i>
<i>Thursday, 9 March</i>		
1187th meeting 10 a.m.-1 p.m.	<i>Item 6 (b).</i> Implementation of the international drug control treaties: International Narcotics Control Board (continued) <i>Item 6 (c).</i> Implementation of the international drug control treaties: international cooperation in order to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes (continued) <i>Item 6 (d).</i> Implementation of the international drug control treaties: follow-up to the twentieth special session of the General Assembly <i>Item 6 (e).</i> Implementation of the international drug control treaties: other matters arising from the international drug control treaties	Consideration of draft resolutions
1188th meeting 3 p.m.-6 p.m.	<i>Item 4 (a).</i> Reduction of illicit demand for drugs: Action Plan for the Implementation of the Declaration on the Guiding Principles of Drug Demand Reduction	Consideration of draft resolutions (continued)
<i>Friday, 10 March</i>		
1189th meeting 10 a.m.-1 p.m.	<i>Item 4 (a).</i> Reduction of illicit demand for drugs: Action Plan for the Implementation of the Declaration on the Guiding Principles of Drug Demand Reduction (continued) <i>Item 4 (b).</i> Reduction of illicit demand for drugs: world situation with regard to drug abuse	Consideration of draft resolutions (continued)

	<i>Plenary</i>	<i>Committee of the Whole</i>
1190th meeting 3 p.m.-6 p.m.	<i>Item 5 (a). Illicit drug traffic and supply: world situation with regard to drug trafficking and reports of subsidiary bodies of the Commission</i>	Consideration of draft resolutions (continued)
	<i>Item 5 (b). Illicit drug traffic and supply: follow-up to the twentieth special session</i>	Consideration of draft resolutions
	<i>Operational segment</i>	
<i>Monday, 13 March</i>		
1191st meeting 10 a.m.-1 p.m.	<i>Item 7. Policy directives to the United Nations International Drug Control Programme</i>	
1192nd meeting 3 p.m.-6 p.m.	<i>Item 7. Policy directives to the United Nations International Drug Control Programme (continued)</i>	
<i>Tuesday, 14 March</i>		
1193rd meeting 10 a.m.-1 p.m.	<i>Item 8. Strengthening the United Nations machinery for drug control</i>	
	<i>Item 9. Administrative and budgetary questions</i>	
	<i>B. Organizational and other matters</i>	
1194th meeting 3 p.m.-6 p.m.	<i>Item 10. Consideration of (a) the timing and theme of any ministerial-level segment to be convened by the Commission and (b) the modalities for the inclusion of the item entitled "General debate" and the themes to be addressed by the Commission at future sessions</i>	

*Plenary**Committee of the Whole**Wednesday, 15 March*

1195th meeting
10 a.m.-1 p.m.

Item 10. Consideration of (a) the timing and theme of any ministerial-level segment to be convened by the Commission and (b) the modalities for the inclusion of the item entitled "General debate" and the themes to be addressed by the Commission at future sessions (continued)

Adoption of draft resolutions and decisions

1196th meeting
3 p.m.-6 p.m.

Item 11. Provisional agenda for the forty-fourth session

Item 12. Other business

Item 13. Adoption of the report



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Commission on Narcotic Drugs

Forty-third session

Vienna, 6-15 March 2000

Item 3 of the provisional agenda*

Follow-up to the twentieth special session of the General Assembly: general overview and progress achieved in meeting the goals and targets for the years 2003 and 2008 set out in the Political Declaration adopted by the Assembly at its twentieth special session, including guidelines and the consideration of the establishment of indicators for reporting on the progress achieved and on the implementation of the Global Programme of Action

Follow-up to the twentieth special session of the General Assembly

Report of the Executive Director

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* E/CN.7/2000/1.

I. Background

1. The General Assembly, at its seventeenth special session, adopted a Political Declaration and a Global Programme of Action on international cooperation against illicit production, supply, demand, trafficking and distribution of narcotic drugs and psychotropic substances (resolution S-17/2, annex).

2. At its twentieth special session devoted to countering the world drug problem together, the General Assembly adopted a Political Declaration, the Declaration on the Guiding Principles of Drug Demand Reduction and measures to enhance international cooperation to counter the world drug problem, including (a) the Action Plan against Illicit Manufacture, Trafficking and Abuse of Amphetamine-type Stimulants and Their Precursors, (b) measures for the control of precursors, (c) measures to promote judicial cooperation, (d) measures to counter money-laundering and (e) the Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and on Alternative Development (resolutions S-20/2, annex, S-20/3, annex, and S-20/4 A to E, respectively).

II. Goals and targets set by the General Assembly at its twentieth special session

A. Goals and targets for the year 2003

1. Emerging trends in the illicit manufacture, trafficking and consumption of synthetic drugs

3. In paragraph 13 of the Political Declaration adopted by the General Assembly at its twentieth special session, Member States decided to devote particular attention to the emerging trends in the illicit manufacture, trafficking and consumption of synthetic drugs. They called for the establishment or strengthening by the year 2003 of national legislation and programmes giving effect to the Action Plan against Illicit Manufacture, Trafficking and Abuse of Amphetamine-type Stimulants and Their Precursors.

2. Laundering of money linked to drug trafficking and strengthening of international, regional, subregional and bilateral cooperation

4. In paragraph 15 of the Political Declaration, Member States undertook to make special efforts against the laundering of money derived from drug trafficking and, in that context, emphasized the importance of strengthening international, regional and subregional cooperation. In order to achieve that goal, they recommended that States that have not yet done so adopt by the year 2003 national money-laundering legislation and programmes in accordance with relevant provisions of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988,¹ as well as the measures for countering money-laundering adopted at the twentieth special session.

3. Promotion of multilateral, regional, subregional and bilateral cooperation among law enforcement authorities

5. In paragraph 16 of the Political Declaration, Member States undertook to promote multilateral, regional, subregional and bilateral cooperation among judicial and law enforcement authorities to deal with criminal organizations involved in drug offences and related criminal activities, in accordance with the measures to promote judicial cooperation adopted at the twentieth special session. To that end, States are encouraged to review and, where appropriate, to strengthen by the year 2003 the implementation of those measures.

4. Declaration on the Guiding Principles of Drug Demand Reduction

6. In paragraph 17 of the Political Declaration, Member States recognized that demand reduction is an indispensable pillar in the global approach to countering the world drug problem. They committed themselves to introducing into their national programmes and strategies the provisions set out in the Declaration on the Guiding Principles of Drug Demand Reduction and to working closely with the United Nations International Drug Control Programme (UNDCP) to develop action-oriented strategies to assist in the implementation of the Declaration. They established the year 2003 as a target date for new or

enhanced drug demand reduction strategies and programmes set up in close collaboration with public health, social welfare and law enforcement authorities.

B. Goals and targets for the year 2008

1. Measures for the control of precursors

7. In paragraph 14 of the Political Declaration, Member States decided to devote particular attention to the measures for the control of precursors adopted at the twentieth special session, and to establish the year 2008 as a target date for States, with a view to eliminating or reducing significantly the illicit manufacture, marketing and trafficking of psychotropic substances, including synthetic drugs, and the diversion of precursors.

2. Declaration on the Guiding Principles of Drug Demand Reduction

8. In paragraph 17 of the Political Declaration, Member States committed themselves to achieving significant and measurable results in the field of demand reduction by the year 2008.

3. Eradication of illicit drug crops through alternative development

9. In paragraph 18 of the Political Declaration, Member States reaffirmed the need for a comprehensive approach to the elimination of illicit narcotic crops in line with the Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and on Alternative Development, adopted at the twentieth special session. They stressed the special importance of cooperation in alternative development, including the better integration of the most vulnerable sectors involved in the illicit drug market into legal and viable economic activities. They also emphasized the need for eradication programmes and law enforcement measures to counter illicit cultivation, production, manufacture and trafficking, paying special attention to the protection of the environment, and, in that regard, strongly supported the work of UNDCP in the field of alternative development. In paragraph 19, Member States welcomed the global approach by UNDCP to the elimination of illicit crops and committed themselves to working closely with UNDCP to develop strategies with a view to eliminating or reducing significantly the illicit cultivation of the coca bush, the cannabis plant and the opium poppy by the year 2008.

III. Role of the Commission on Narcotic Drugs in the implementation process

A. Mandate emanating from the twentieth special session of the General Assembly and action by the Assembly at its fifty-third session

10. In paragraph 20 of the Political Declaration adopted by the General Assembly at its twentieth special session, all States were called upon to report biennially to the Commission on their efforts to meet the established goals and targets for the years 2003 and 2008. The Commission was requested to analyse the reports in order to enhance the cooperative effort to combat the world drug problem.

11. In its resolution 53/115, the Assembly requested the Commission and UNDCP to elaborate guidelines in order to facilitate reporting by Governments on the implementation of the Global Programme of Action and on progress achieved in meeting the goals and targets for the years 2003 and 2008, as set out in the Political Declaration adopted by the Assembly at its twentieth special session.

B. Action by the Commission on Narcotic Drugs

1. Forty-second regular session

12. At its forty-second regular session, the Commission examined its new mandates emanating from the twentieth special session of the General Assembly. The Commission adopted resolution 42/4, entitled "Guidelines for reporting by Governments on the implementation of the Global Programme of Action and on the progress achieved in meeting the goals and targets for the years 2003 and 2008, as set out in the Political Declaration adopted by the General Assembly at its twentieth special session". In that resolution, the Commission decided to establish an inter-sessional working group open to all States members of the Commission and observers, to elaborate guidelines in order to facilitate reporting by Governments.

13. In paragraph 2 of Commission resolution 42/4, the working group was requested to submit to the Commission, for consideration and adoption at its reconvened forty-second session, unified draft guidelines based, in particular, on the following general criteria:

(a) The need to design a mechanism that will allow the Commission to comply fully with the provisions of paragraph 20 of the Political Declaration adopted by the Assembly at its twentieth special session and with Assembly resolution 53/115 by, *inter alia*, analysing the national reports and any regional and subregional reports in a productive and effective manner;

(b) Full recognition of the mandates assigned to the Commission and the International Narcotics Control Board under the international drug control treaties, the Global Programme of Action and the decisions adopted by the Assembly at its twentieth special session;

(c) Full recognition of the tasks assigned to UNDCP, in its capacity as secretariat of the Commission, in particular the compilation and analysis of information submitted by Governments and the preparation of reports requested by the Commission and the Assembly;

(d) The need to design a simple and efficient system of reporting by Governments that will encourage a greater number to report, in a coordinated and integrated way, on their efforts and achievements in the area of drug control, avoiding, to the extent possible, duplication of efforts, by duly taking into account existing reporting procedures, in particular within the framework of the Board and regional mechanisms;

(e) The advisability of reviewing the questionnaire on the implementation of the Global Programme of Action, in order to reflect the outcome of the special session;

(f) Full recognition that, in paragraph 9 of the Political Declaration, the Assembly called for the establishment or strengthening of regional or subregional mechanisms, with the assistance of UNDCP and the Board, and invited those mechanisms to share experiences and conclusions resulting from the implementation of national strategies and to report on their activities to the Commission.

14. The inter-sessional working group, established pursuant to Commission resolution 42/4, met in Vienna from 1 to 3 June 1999 and from 28 to 30 September 1999.

2. Reconvened forty-second session

15. At its reconvened forty-second session, the Commission adopted resolution 42/11, entitled "Guidelines for reporting on the follow-up to the twentieth special session of the General Assembly", based on a draft resolution

brought to its attention by the inter-sessional working group (E/CN.7/1999/21, annex I).

16. The Commission also adopted a unified single questionnaire, annexed to resolution 42/11, that includes the information required for reporting on the action plans and measures adopted by the Assembly at its twentieth special session, on the understanding that the questionnaire would be streamlined and amended during the reporting period. Pursuant to resolution 42/11, Members States would transmit to the Executive Director by 30 June 2000 their replies to the first biennial questionnaire. On the basis of those replies, the Executive Director would prepare for submission to the Commission a single biennial report that should also cover the difficulties encountered in meeting the objectives and targets agreed upon at the twentieth special session.

17. In accordance with resolution 42/11, the first biennial report should be examined by the Commission at its regular session in the year 2001. Subsequent reports would be examined by the Commission in the years 2003, 2005, 2007 and 2008. At its reconvened session in 2003, the Commission would consider whether the timetable for reporting remained appropriate. In its resolution 42/11, the Commission also decided to submit a report to the Assembly in the years 2003 and 2008 on the progress achieved in meeting the goals and targets set out in the Political Declaration. It was further indicated that the Commission should consider establishing, at its forty-third session or before, a set of common indicators, criteria and parameters for the preparation of its report. Accordingly, the Commission may wish to give due consideration, at its forty-third session, to taking the action called for in resolution 42/11.

C. Action by the General Assembly at its fifty-fourth session

18. In its resolution 54/132 entitled "International cooperation against the world drug problem", the General Assembly requested the Commission, with the support of UNDCP, to continue its work expeditiously, within the established time-frames, on the elaboration of guidelines to facilitate biennial reporting by Governments on the implementation of the Global Programme of Action and progress achieved in meeting the goals and targets for the years 2003 and 2008, as set out in the Political Declaration adopted at the twentieth special session, and to encourage an efficient collection of reliable data, an increase in the

number of Governments that report updated information on a regular basis and an improvement in the quality of their responses as well as the avoidance of the duplication of activities.

19. In considering the follow-up to the special session, the Commission may note that the Assembly, in its resolution 54/132, requested the Secretary-General to submit, at its fifty-fifth session, a comprehensive report on the implementation of the outcome of the twentieth special session, including the Action Plan for the Implementation of the Declaration on the Guiding Principles of Drug Demand Reduction. The Commission may wish to indicate issues which, in its view, should be contained in the report of the Secretary-General to the General Assembly.

IV. Follow-up action

20. At its forty-fourth regular session in 2001, the Commission will examine the first biennial report of the Executive Director pursuant to its resolution 42/11. The Commission will analyse the biennial report of the Executive Director and present its recommendations on, *inter alia*, national, regional and international action and cooperation, under a new agenda item entitled "Follow-up to the twentieth special session of the General Assembly", and under separate agenda items related to action plans and measures adopted by the Assembly at its twentieth special session. The Commission, in its resolution 42/11, decided that the Committee of the Whole would assess the biennial report of the Executive Director, and that the conclusions and recommendations of the Committee would be considered by the Commission in plenary.

21. At its forty-third session, the Commission will have before it separate reports covering the steps taken to follow up the action plans and measures adopted at the twentieth special session. The following two specific reports were prepared at the request of the General Assembly, in compliance with its resolution 54/132: (a) report of the Executive Director on the Action Plan for the Implementation of the Declaration of the Guiding Principles of Drug Demand Reduction (E/CN.7/2000/3); and (b) report of the Executive Director on the follow-up to the Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and on Alternative Development (E/CN.7/2000/6). The report of the International Narcotics Control Board for 1999 on the implementation of article 12 of the 1988 Convention² will reflect the status of measures recommended at the

twentieth special session to prevent the illicit manufacture, import, export, trafficking, distribution and diversion of precursors used in the illicit manufacture of narcotic drugs and psychotropic substances. The annual report of the Board³ will also cover amphetamine-type stimulants, as part of its review of the implementation of the Convention on Psychotropic Substances of 1971.⁴

22. The report of the Executive Director on the activities of UNDCP in 1999 (E/CN.7/2000/9) will reflect UNDCP initiatives to support Governments in meeting the objectives set by the General Assembly, including measures to promote judicial cooperation and the provision of assistance to governments in countering money-laundering. The portfolio of activities undertaken by UNDCP has been enhanced to provide direct support to Governments in implementing the action plans and measures, such as those aimed at the control of precursors, adopted at the twentieth special session. For example, UNDCP initiated a global programme for monitoring illicit crops and supported government action against the cultivation of illicit crops by assisting in the development of business plans, a strategic tool for eradicating illicit crops through alternative development. Another global programme will assist Governments in assessing the nature and extent of drug abuse and designing an appropriate strategy based on best practices. The global programme against money-laundering supports government efforts to counter money-laundering. A new initiative known as the "Offshore forum" involves an action-oriented approach to fight money-laundering through offshore facilities. Through the recruitment of outposted legal advisers, UNDCP has increased its capacity to assist Member States in implementing the international drug control conventions. To improve government efforts to meet the objectives established at the twentieth special session, UNDCP relies on its global network of field offices, which have enhanced its capacity to serve as a catalyst for action.

V. Consideration by the Commission on Narcotic Drugs of the follow-up to the twentieth special session

23. In its resolution 54/132, the General Assembly urged the competent authorities to implement the outcome of the twentieth special session, within the agreed time-frames, in particular the high-priority practical measures at the international, regional or national level, as indicated in the

Political Declaration, the Declaration on the Guiding Principles of Drug Demand Reduction and its Action Plan and the measures to enhance international cooperation to counter the world drug problem.

24. The Commission may wish to invite Member States to indicate the action taken to implement the outcome of the twentieth special session, in line with the above-mentioned request of the General Assembly. Following the review of action initiated or planned, the Commission is invited to provide further guidance to the implementation process.

Notes

¹ *Official Records of the United Nations Conference for the Adoption of a Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, Vienna, 25 November-20 December 1988*, vol. 1 (United Nations publication, Sales No. E.94.XI.5).

² *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances. Report of the International Narcotics Control Board for 1999 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988* (United Nations publication, Sales No. E.00.XI.3).

³ *Report of the International Narcotics Control Board for 1999* (United Nations publication, Sales No. E.00.XI.1).

⁴ United Nations, *Treaty Series*, vol. 1019, No. 14956.



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**Reduction of illicit demand for drugs: Action Plan for
the Implementation of the Declaration on the Guiding Principles
of Drug Demand Reduction**

Follow-up to the Action Plan for the Implementation of the Declaration on the Guiding Principles of Drug Demand Reduction

Report of the Executive Director

Summary

In the present report on the follow-up to the Action Plan for the Implementation of the Declaration on the Guiding Principles of Drug Demand Reduction, prepared pursuant to General Assembly resolution 54/132, the role of the United Nations International Drug Control Programme in supporting Governments in the implementation process is reviewed, and the Commission on Narcotic Drugs is called upon to provide guidance to the follow-up activities.

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* E/CN.7/2000/1.

I. Introduction

1. In its resolution 54/132, the General Assembly adopted the Action Plan for the Implementation of the Guiding Principles on Drug Demand Reduction and urged all Member States to implement the Action Plan in their respective national, regional and international actions, and to strengthen their national efforts to fight the abuse of illicit drugs among their population, particularly among children and youth. In that resolution, the Assembly requested the Executive Director of the United Nations International Drug Control Programme (UNDCP) to report to the Commission on Narcotic Drugs at its forty-third session on the follow-up to the Action Plan. The present report of the Executive Director has been prepared in response to that request.

2. In the Political Declaration adopted by the General Assembly at its twentieth special session (resolution S-20/2, annex), Member States recognized the importance of demand reduction as an indispensable pillar in countering the world drug problem. Through the Political Declaration, Member States committed themselves to:

(a) Introducing into their national programmes and strategies the provisions set out in the Declaration on the Guiding Principles of Drug Demand Reduction, also adopted by the General Assembly at its twentieth special session;

(b) Establishing the year 2003 as a target date for having in place new or enhanced demand reduction strategies and programmes, in close collaboration with public health, social welfare and law enforcement authorities;

(c) Achieving significant and measurable results in the field of demand reduction by the year 2008;

(d) Working closely with UNDCP to develop action-oriented strategies to assist in the implementation of the Declaration on the Guiding Principles of Drug Demand Reduction.

3. At its forty-second session, the Commission adopted resolution 42/4 entitled "Guidelines for reporting by Governments on the implementation of the Global Programme of Action and on the progress achieved in meeting the goals and targets for the years 2003 and 2008, as set out in the Political Declaration adopted by the General Assembly at its twentieth special session". Pursuant to that resolution, the Commission established an inter-sessional working group to elaborate guidelines to facilitate reporting by Governments. At its reconvened forty-second

session, the Commission adopted resolution 42/11, entitled "Guidelines for reporting on the follow-up to the twentieth special session of the General Assembly". The Commission also approved the questionnaire for reporting on the action plans and measures adopted by the General Assembly at its twentieth special session, annexed to resolution 42/11, on the understanding that the questionnaire would be streamlined during the reporting period.

4. The first biennial report would be examined by the Commission at its regular session in the year 2001, in compliance with the new mandate that the Assembly has given to the Commission. In paragraph 20 of the Political Declaration, the Assembly called upon all States to report biennially to the Commission on their efforts to meet the goals and targets for the years 2003 and 2008, agreed upon at the twentieth special session, and requested the Commission to analyse those reports in order to enhance the cooperative effort to combat the world drug problem.

II. Role of the United Nations International Drug Control Programme

5. The Action Plan is offered as guidance to Member States in implementing the Declaration on the Guiding Principles of Drug Demand Reduction and in meeting the objectives of the twentieth special session of the General Assembly. In addition to describing objectives and national actions that could be taken to reach the objectives, it also outlines outputs to be delivered and the expected impact of the actions.

6. The Declaration on the Guiding Principles of Drug Demand Reduction advocates that responses to drug abuse should be based on a regular assessment of the drug problem. Those responses should also build on knowledge acquired from research as well as lessons derived from past programmes, so-called best practice. It is primarily in those two areas that UNDCP should concentrate its efforts to advise and assist Member States in their implementation of the Declaration.

7. The Action Plan provides for two principal ways for UNDCP and other relevant international and regional organizations to assist Member States in their efforts to achieve the objectives of the Action Plan. First, it entrusts UNDCP with the task of providing guidance and assistance to those requesting it for the development, by the

year 2003, of demand reduction strategies and programmes fully incorporating the principles of the Declaration on the Guiding Principles of Drug Demand Reduction (objective 3). Those strategies and programmes should cover the whole spectrum of demand reduction, from primary prevention to the reduction of the negative health and social consequences of drug abuse. They should also be carried out in a wide variety of settings and be implemented in collaboration with relevant sectors of society. In addition, advice and technical assistance should be provided on the establishment of national systems for monitoring the drug abuse problem, including regionally and internationally recognized core indicators (objective 4).

8. Secondly, the Action Plan entails a role for UNDCP and other relevant international and regional organizations with respect to best practice. A number of areas have been identified, in which UNDCP is asked to facilitate the sharing of information on best strategies. The areas include the following: how to provide prevention, education, treatment and rehabilitation services to offenders who misuse drugs (objective 10); how to undertake appropriately targeted public information campaigns (objective 11); how to develop effective and culturally appropriate information campaigns to help drug users and inform them about available services (objective 12); how to develop training strategies for social mediators (objective 13); and how to design and implement training of human resources in demand reduction (objective 14). Sharing of information on best strategies is also called for in more general areas, such as the development of programmes for reducing illicit drug demand in a wide variety of health and social contexts (objective 6) and the promotion of networking (objective 7).

9. In addition to the two principal tasks—to provide guidance and assistance to those requesting it and to facilitate the sharing of best strategies—the Action Plan also highlights the advocacy role of UNDCP with regard to research, suggesting that the development of methodologies for assessing the cost and consequences of drug abuse and for undertaking cost-benefit analysis should be promoted (objective 4). UNDCP and other relevant international and regional organizations should also encourage research into a wide range of issues related to drug demand reduction (objective 5).

10. A similar advocacy role is to be undertaken in the development of guidelines for demand reduction programmes and services so as to enhance their quality and

relevance (objective 8) and in promoting the participation of target groups in the design of projects (objective 9).

11. Finally, the Action Plan sets a number of specific additional tasks for UNDCP and other relevant international and regional organizations. Those tasks include action to facilitate the following: the creation of an international youth network for the sharing of information and mutual learning (objective 9); the development of guidelines on curricula and training programmes; and the intercountry exchange of experts for training purposes (objective 14). Another specific task is to establish coordination mechanisms for identification, sharing and expansion of best practice (objective 15), and to participate in the creation of an international mechanism by facilitating networking and linkages between databases (objective 16).

III. Activities initiated by the United Nations International Drug Control Programme

12. One of the principal tasks of UNDCP in supporting implementation of the Declaration on the Guiding Principles of Drug Demand Reduction is to provide guidance and assistance to Member States, at their request. The main task is to make sure that countries have programmes that are comprehensive and guided by the principles of the Declaration. As the Action Plan covers all areas of demand reduction, although without the same level of detail in all areas, only some examples of such assistance will be given in the present report. The examples relate to those objectives of the Action Plan that specifically call for UNDCP assistance and guidance to individual countries. Some examples of assistance required by the Action Plan and of activities related mainly to facilitating the sharing of experiences are discussed below.

13. To assess the quality and relevance of the advice and assistance provided by UNDCP at the country level and to accelerate the development of national demand reduction strategies and programmes in compliance with the Declaration on the Guiding Principles of Drug Demand Reduction, UNDCP convened a seminar in Vienna, held from 22 to 26 November 1999, involving the participation of representatives from UNDCP field offices responsible for demand reduction programmes. The aims of the seminar were to arrive at a common understanding of the political framework and background against which

demand reduction activities need to be developed, implemented and evaluated, and to develop culturally appropriate approaches to support the implementation of the Declaration.

14. Under objective 1 (applying the Declaration on the Guiding Principles of Drug Demand Reduction in order to achieve significant and measurable results in reducing demand for drugs by the year 2008 and preparing a biennial report to the Commission on those results), UNDCP has supported the work of Member States in drawing up a questionnaire that will enable Governments to report on the follow-up to the action plans and measures adopted by the General Assembly at its twentieth special session. The questionnaire will be one of the key instruments that will enable the Commission to monitor progress towards achieving the objectives set out in the Political Declaration adopted at the special session.

15. Objective 2 (securing a long-term commitment to the implementation of a national strategy for reducing illicit demand and ensuring full coordination and participation of the relevant authorities and sectors of society) and objective 3 (developing and implementing, by the year 2003, national strategies fully incorporating the guiding principles set out in the Declaration on the Guiding Principles of Drug Demand Reduction) are broad objectives for the achievement of which UNDCP has been providing assistance for some time. That includes assistance in the establishment of effective mechanisms for drug control and in the coordination of various sectors of society. At the same time, assistance is being provided to States in drawing up comprehensive demand reduction strategies. In that process, the previous experience of UNDCP in designing master plans and in setting up drug control secretariats and committees in various countries has proven useful.

16. In fulfilment of the tasks entrusted to UNDCP under objective 4 of the Action Plan (assessing the causes and consequences of the misuse of substances and establishing a national system to monitor drug problems and trends), UNDCP has launched a programme to assist countries in the establishment of national systems for monitoring the drug abuse problem. The global programme for assessing the magnitude of drug abuse aims at building up the capacity of States to collect high-quality data on illicit drug demand, including data on the following: the annual prevalence of drug abuse among the general population; lifetime prevalence among youth; and the extent of problems related to drug abuse, such as addiction, injection practices, increased mortality and the risk of infection with the

human immunodeficiency virus (HIV) and of other infections. The global programme consists of eight regional projects, technically supported through a global project. It has been configured as a regional development initiative, designed to work in partnership with national and regional epidemiology networks and with international organizations. The pace at which the assistance will be delivered is, however, contingent upon the availability of extra-budgetary funds.

17. According to objective 4 of the Action Plan, advice and assistance for the establishment of national systems for monitoring the drug abuse problem should include regionally and internationally recognized core indicators. With a view to ensuring that data sets are compatible, the global programme for assessing the magnitude of drug abuse will seek consensus with other relevant organizations, such as the Inter-American Drug Abuse Control Commission of the Organization of American States and the European Monitoring Centre for Drugs and Drug Addiction, on common sets of indicators, definitions and measures. To that end, in addition to ongoing regular consultations, a meeting has been organized to seek consensus and build partnerships.

18. In addition to the provision of assistance within the framework of the global programme, UNDCP has published guidelines for the development and implementation of drug abuse rapid situation assessments and responses.¹ The guidelines, which are available in all official languages of the United Nations, have been field-tested in all regions of the world.

19. Apart from establishing the methodological framework for measuring drug abuse, UNDCP has provided assistance to countries and territories that wanted to carry out research in that area. Rapid situation assessments have been planned or are being undertaken in various countries and territories (for example, in Croatia, Egypt, Islamic Republic of Iran, Israel, Jordan, Pakistan and the former Yugoslav Republic of Macedonia, as well as in the region of east Africa and in the territories of the Palestinian Authority), and in some others (such as the parties to the memorandum of understanding signed by States of the Common Market of the Southern Cone), nationwide surveys to monitor drug abuse patterns and trends have been undertaken.

20. With regard to objective 6 (identifying and developing programmes for reducing illicit drug demand in a wide variety of health and social contexts), UNDCP advocates making demand reduction programmes sensitive

to local needs and priorities. It is thus essential to ensure that the design of programmes takes place close to where they are to be implemented. To make the development of demand reduction responses less dependent on international experts in the long run, UNDCP plans to broaden its expert base for demand reduction activities. In a pilot exercise for a limited number of countries, advisory panels of local experts will be created to support the provision of technical assistance by the field offices. Experts, practitioners and academics in the field of epidemiology, prevention and treatment and rehabilitation will be invited to serve on the panels in their personal capacity. To provide technical updates on particular areas of work for the panels, seminars will be organized, on a regular basis, by UNDCP or by international experts. If the pilot exercise proves successful, the establishment of local advisory panels will be extended to more countries.

21. UNDCP has a long tradition of working with other agencies of the United Nations to insert drug demand reduction activities into broader social programmes and the promotion of health at the country level. The Subcommittee on Drug Control of the Administrative Committee on Coordination has continued its work on the development of action plans in selected countries to provide a basis for coordinated inter-agency support to national implementation of the outcome of the twentieth special session of the General Assembly. The countries targeted include Afghanistan, Bolivia, Brazil, Colombia, the Lao People's Democratic Republic, Lebanon, Mauritius, Myanmar, Nigeria, Pakistan, Peru, the Russian Federation, South Africa, Thailand, Turkey, Ukraine, Uzbekistan and Viet Nam. In addition, UNDCP has ensured that drug issues will be considered within the context of the Common Country Assessment and the United Nations Development Assistance Framework.

22. Various new inter-agency initiatives were undertaken as a follow-up to the twentieth special session of the General Assembly. Community-wide demand reduction projects were initiated in India in collaboration with the International Labour Organization and other United Nations agencies. In Nicaragua, UNDCP and the United Nations Children's Fund (UNICEF) started a needs assessment study to improve the delivery of drug abuse prevention programmes to children. A programme for the promotion of health and for drug abuse preventive education in schools was initiated by UNDCP, UNICEF and the United Nations Population Fund (UNFPA) in Bolivia.

23. The HIV epidemic has forced various sectors of society to cooperate closely in preventing the spread of the virus. Injecting drug abuse is the main, or a major, mode of transmission for HIV infection in an increasing number of countries. In 1999, UNDCP joined the Joint and Co-sponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome as its seventh co-sponsor. Together with the United Nations Development Programme, UNICEF, UNFPA, the United Nations Educational, Scientific and Cultural Organization, the World Health Organization (WHO) and the World Bank, UNDCP is ensuring that the prevention of HIV and AIDS goes hand in hand with the prevention and treatment of drug abuse. Brazil and Viet Nam are examples of countries in which UNDCP is involved in successful comprehensive programmes for the prevention of HIV linked to drug abuse. Determined investments in comprehensive demand reduction programmes are required in some countries of eastern Europe and in the Russian Federation, Ukraine and some States of central Asia, where there is a potentially explosive situation with regard to developments in drug injecting and HIV infections.

24. With regard to objective 14 (training in demand reduction for governmental agencies, non-governmental organizations etc.), UNDCP initiated various regional programmes, for example, for parties to the memorandum of understanding signed by States of Central America and to that signed by States of the Common Market of the Southern Cone. Also, the UNDCP/WHO Global Initiative on Primary Prevention of Substance Abuse has launched activities in eastern Europe, south-east Asia and southern Africa for the mobilization of all important actors in community life to prevent substance abuse among young people. The Initiative includes training in local assessments, prevention approaches and self-evaluation. The activities will also promote networking at the national and regional level. Yet another example of UNDCP support for training is a regional project in the Baltic States to develop school curricula and educational materials as well as training of future teachers.

25. Both the Political Declaration adopted by the Assembly at its twentieth special session and the Declaration on the Guiding Principles of Drug Demand Reduction highlight the importance of investing in and working with youth. Drug abuse prevention activities directed at young people are common in many countries, but need strengthening with regard to both the participation of young people and the relevance of various responses to new trends in drug taking.

26. On the basis of information provided by Governments through the annual reports questionnaire, it can be concluded that more needs to be done to reach out to the marginalized and vulnerable youth for whom drug abuse is a coping strategy. At the same time, it seems equally critical to reach out to those socially integrated young people, particularly in developed countries, for whom drug taking is seen as a lifestyle issue. While drug taking has been part of particular intellectual and artistic subcultures in the western world since the late nineteenth century, it now appears to be growing into a much more widespread cultural phenomenon, at least in some developed countries where more and more young people are exposed to a culture that appears to be more tolerant towards the use of drugs. New ways of reaching out to those young people for whom drug use is part of a particular lifestyle must therefore be developed, with input from the young people themselves.

27. Meeting the basic needs and protecting the rights of particularly vulnerable and disadvantaged children and young people is obviously very different from addressing the abuse of drugs as a cultural issue. In both cases, however, it is vital to involve the young people in the development of programmes and activities. In recent years, UNDCP and UNICEF, together with other United Nations agencies and non-governmental organizations, have been supporting efforts by States to better meet the needs and protect the rights of particularly disadvantaged adolescents. In that process, it has been vital to facilitate the participation of the adolescents concerned. Key elements for programme guidance, based on lessons learned and country examples, will be identified with regard to situation assessment and analysis, development of strategies for meeting the needs and protecting the rights of adolescents in crisis and promotion of their participation in the process. A collection of examples of best practice will be published in due course.

28. On the basis of experience gained in organizing the Youth Vision Jeunesse, Drug Abuse Prevention Forum, for youth and by youth, held in Banff, Canada, in April 1998, UNDCP will publish a handbook for drug abuse prevention among youth. The handbook is being developed with input from the various groups, representing 24 countries around the world, that participated in the Banff event. The same groups form the nexus of a global youth network for drug abuse prevention. UNDCP is facilitating the establishment of the network by providing communication tools and training opportunities, with the ultimate aim of empowering youth to develop innovative responses to the

challenges that they face and to take action in their own communities. The network will also serve to identify best practice and to share the experiences of different countries and regions. Such activities of UNDCP respond to the need "to facilitate the creation of an international network promoting regular contact among youth involved in demand reduction activities and allowing them to stay informed and learn from each other" (objective 9 of the Action Plan).

29. The Action Plan not only invites UNDCP to provide assistance to countries requesting it, but also entails an important role for UNDCP and other relevant international and regional organizations with respect to best practice. As mentioned in paragraph 8 of the present document, a number of areas have been identified, in which UNDCP is asked to facilitate the sharing of information on best strategies.

30. Most of the evaluations of prevention and treatment programmes have been carried out in developed countries. While the results of such evaluations may only seldom be of direct relevance to developing countries, they nevertheless contain valuable conclusion regarding what works and in which circumstances. Much work remains to be done, however, to identify examples of best strategies that are relevant also to countries with limited financial resources and different sociocultural conditions.

31. The guidelines contained in the publication entitled *Drug Abuse Rapid Situation Assessments and Responses* are based on work done by UNDCP to identify best practice and best strategies. The handbook for drug abuse prevention among youth will be another example of how UNDCP can contribute to the sharing of best strategies. A further publication in the pipeline, described in paragraph 27, above, deals with the key elements for programme guidance, and is to be published jointly with UNICEF and other United Nations organizations.

32. UNDCP has also started work on best strategies for providing prevention, education, treatment or rehabilitation services to offenders who misuse drugs (objective 10). An expert working group on improving the inter-sectoral impact in casework involving drug abuse offenders met in Vienna from 6 to 10 December 1999. The working group reviewed the collective experience and impact of treatment and rehabilitation programmes for drug-abusing offenders involving an active role for the courts, and identified core factors underlying the effectiveness of different initiatives. Practical guidelines for best strategies, based on the outcome of the meeting, were to be published

in early 2000. In addition, under another project, guidelines will be developed for community-based prevention, based on the experience of UNDCP in initiating such activities in various sociocultural settings in developing countries (objective 6).

IV. Conclusion

33. Few Governments have comprehensive demand reduction strategies and programmes in place, and many countries lack the capacity to systematically collect and analyse data and information regarding their drug abuse situation. That constitutes a serious constraint for the development of adequate responses to the drug abuse problem, since such responses need to build on a sound knowledge base in order to be effective.

34. In the Political Declaration adopted by the General Assembly at its twentieth special session, Member States committed themselves to achieving significant and measurable results in the field of demand reduction by the year 2008. Reporting on such achievements would require some kind of baseline data against which to measure the effectiveness and impact of the action taken. Many countries currently lack such data.

35. The present report contains an assessment of how UNDCP could support the implementation by Member States of the Declaration on the Guiding Principles of Drug Demand Reduction. Two principal roles for UNDCP have been identified, as follows:

(a) To provide guidance and assistance, to those requesting it, for the establishment of national information systems, and for the development of demand reduction strategies and programmes in line with the Guiding Principles of Drug Demand Reduction;

(b) To facilitate the sharing of information on best strategies in a number of areas.

36. UNDCP already performs the role outlined above in paragraph 35 (a). Since it does so mainly through technical assistance projects, the volume of work is dependent on the availability of extrabudgetary contributions. Such contributions are crucial for the success of the global programme for assessing the magnitude of drug abuse.

37. With regard to the sharing of information on best strategies, UNDCP has taken some initiatives, funded mainly by extrabudgetary contributions. Those initiatives include the development of practical guidelines for treat-

ment and rehabilitation programmes for drug-abusing offenders, and of guidelines for community-based prevention. Much more needs to be done, however, to facilitate the development and dissemination of such guidelines on best strategies. It is also important to ensure that demand reduction, a mandated priority sector in drug control, is funded from the regular budget. It should not be dependent on voluntary contributions which are essentially earmarked for specific countries and regions.

38. In view of the foregoing, the Commission may wish to indicate how best to ensure the provision of assistance to enable UNDCP to fulfil the tasks entrusted to it. The options include the following:

(a) Continuing to provide assistance using the limited existing resources from the regular budget, while trying to raise extrabudgetary resources;

(b) Requesting the inclusion, under the regular budget of the United Nations, of services for the identification, sharing and promotion of best strategies for the implementation of the Declaration on the Guiding Principles of Drug Demand Reduction.

Notes

- ¹ *Drug Abuse Rapid Situation Assessments and Responses* (United Nations publication, Sales No. E.99.XI.12).

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Item 4 (b) of the provisional agenda*

Reduction of illicit demand for drugs: world situation with regard to drug abuse**World situation with regard to drug abuse****Note by the Secretariat***Summary*

The present report is based on data received from the 112 countries that submitted the annual reports questionnaire for 1998, supplemented by additional information. Thirty-one countries in Africa, Asia, the Americas and Europe reported increased abuse of heroin. In the United States of America, heroin abuse appears to have been slowly rising since 1992. In both Europe and the United States, higher levels of abuse have been accompanied by an increase in the use of non-injecting modes of administration (smoking in Europe, snorting in the United States). Thirty countries reported the growing abuse of amphetamine-type stimulants. A source of considerable concern is the rising trend in the abuse of methamphetamine in south-east Asia in general, and in Thailand in particular. Increasing abuse of amphetamine is also reported in many countries of the European Union. The number of countries reporting the existence of injecting drug users (IDUs) and infections with the human immunodeficiency virus (HIV) among IDUs continues to grow. Developing countries have become highly vulnerable to drug abuse, which puts a heavy burden on their already fragile health and social infrastructures. In many countries (for example, in the Russian Federation and adjacent countries, and in central and eastern Europe and various Asian countries), there has been, or there is a potential for, an outbreak of epidemic infections of HIV among IDUs. Hepatitis C infections among IDUs and drug-related mortality (mainly involving a drug overdose) are also causing concern in some countries. While data collection systems have improved in some parts of the world, there remains a critical need for improvements designed to ensure a full understanding of the patterns and scale of, and the trends in, the global problem of drug abuse. To facilitate that task, it would be useful to develop standardized indicators and conduct capacity-building exercises in developing countries.

* E/CN.7/2000/1.

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I. Introduction

1. The present paper on recent trends in and patterns of illicit drug consumption provides an opportunity to reflect on the critical global issues relating to demand for drugs at the dawn of a new century. It is structured around the key topics that emerged from a review of the situation with regard to drug abuse at the national, regional and global levels.

2. The analysis is based on data provided by countries that have, in compliance with their obligations under the international drug control treaties, completed and sent in the annual reports questionnaire. For 1998, 112 countries completed the annual reports questionnaire and returned it to UNDCP. That represents a marked improvement in the number of submissions over previous years (80 and 83 in 1996 and 1997, respectively). However, as the data presented below illustrates, detailed information on drug abuse is often missing. It is interesting to note that about half of the countries that completed the sections of the annual reports questionnaire on demand reduction were unable to comment on whether demand for the most commonly abused drugs currently showed an increasing, decreasing or stable trend.

3. Not all of the missing data in the part of the annual reports questionnaire on drug abuse can be simply attributed to the lack of available information for countries to report. Shortcomings in the reporting requirements under the section on drug abuse itself can lead to problems with both data collection and analysis. For example, the Ecstasy group of drugs is inadequately covered. Other problems arise because the variables used in the annual reports questionnaire do not always reflect the wider current practice. Therefore, even when countries have data on a topic area, it can still be difficult to provide the information in the required format. The Commission on Narcotic Drugs may accordingly wish to initiate the revision of the annual reports questionnaire.

4. To ensure that the present report provides a sound review of the current situation with regard to drug abuse, data from the annual reports questionnaire are supplemented with other appropriate information, in line with the agreement of the Commission, as set forth in the report on its fortieth session.¹

II. World situation with regard to emerging trends in drug abuse

5. Countries are requested to provide simple reports on trends in their annual reports questionnaire. The information provided for amphetamine-type stimulants, cocaine, cannabis and heroin is summarized in figure 1 and reported in detail in tables 1-4 contained in the annex to the present report.

A. Heroin

6. In the annual reports questionnaire, 31 countries (64 per cent of those responding) reported that heroin abuse had increased during 1998. An additional seven countries (15 per cent) reported no change, and 10 (21 per cent) that abuse had decreased during the reporting period. Six African countries reported increases in heroin abuse, supporting other evidence that heroin abuse is becoming more established on the continent. The South African Community Epidemiology Network on Drug Use² reported that requests for heroin treatment increased in 1998, and that there was a fall in the average age of those treated. However, in terms of overall demand, heroin abusers represented only 5 to 6 per cent of all specialist drug treatment requests in Cape Town and Gauteng. Most heroin abusers were smoking the drug. However, sporadic reports of drug-injecting were also received. Heroin abuse has also been reported in Ghana, Kenya, the Libyan Arab Jamahiriya, Mauritius, Morocco, Nigeria, the United Republic of Tanzania and Zimbabwe. While heroin abuse may be increasing in some areas in Africa, relative prevalence rates in general still appear very low, and large geographical variations are evident. However, increasing industrialization, political problems, the impact of trafficking routes, population movements and tourism all suggest a potential for future increases. The question whether increased injecting is likely in Africa also exists, but as cultural resistance to that mode of administration appears common in many countries, the potential for any dramatic increase remains unclear.³

7. Some developed countries that have had previous experience with problems of heroin abuse have expressed concern that consumption might once again be increasing. Most notably, reports from the United States of America and, to some extent, the United Kingdom of Great Britain and Northern Ireland support that possibility. In the United States, heroin abuse has been increasing since 1992. The

estimated number of heroin abusers recorded in the month prior to the survey date increased from 68,000 (less than 0.1 per cent of the population) in 1993, to 325,000 (0.2 per cent of the population) in 1997.⁴ In the United States, the Community Epidemiology Work Group⁵ reported that during the period 1997-1998, indicators for heroin abuse continued to show an increase in 12 cities covered by the Work Group. In some areas, indicators had shown an upward trend for more than three years. Miami reported the sharpest increase during that period (63 per cent). Elsewhere, the picture is less clear. In seven other sites covered by the Work Group, abuse remained relatively stable in 1998, but increases had occurred in most of them during the previous reporting period.

8. The increase in heroin purity available in the United States has been linked with an increase in heroin-snorting, often among younger abusers. Heroin abusers admitted to treatment in Newark, New Jersey, and New York City in 1998 were more likely to report snorting than injection. While heroin-snorting does not carry the same dangers of infection as injecting use, fears do exist that the greater social acceptability of that mode of administration may make the drug more attractive to a wider group of young people. Concerns also exist that chronic heroin abusers will be, in the longer term, drawn to injecting as a more efficient mode of administration.

9. Overall, the position of heroin abuse in Europe appears relatively stable. However, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) has drawn attention to reports of increased heroin abuse in several European countries in 1998.⁶ The increases mostly concern heroin-smoking and indicate that the practice is spreading from urban to more rural locations. It has also been noted that because of structural lags in most indicators (treatment attendance registers have an in-built lag of usually several years between an individual's first use and the first request for treatment), current information sets may, in the short term, poorly reflect new trends in heroin abuse.

10. Reports from central and eastern Europe also suggest that heroin-smoking is becoming more popular. Data from the Council of Europe study on first requests for treatment, which covers 23 European cities, including a number of cities in central and eastern Europe, note that "the classic picture of the injecting drug user is vanishing and smoking heroin ... plays a significant role all over Europe".⁷ In seven cities in the network, the proportion of non-injecting

heroin users increased between 1996 and 1997. Figure II illustrates that trend for Warsaw. Opiate abusers in Poland have traditionally used poppy straw to produce a locally made opiate drug (known as "Polish heroin"). However, since 1995, the number of requests for treatment by people abusing imported heroin has increased. The vast majority are smoking the drug. In 1998, for the first time, a majority of those seeking first treatment were heroin smokers.

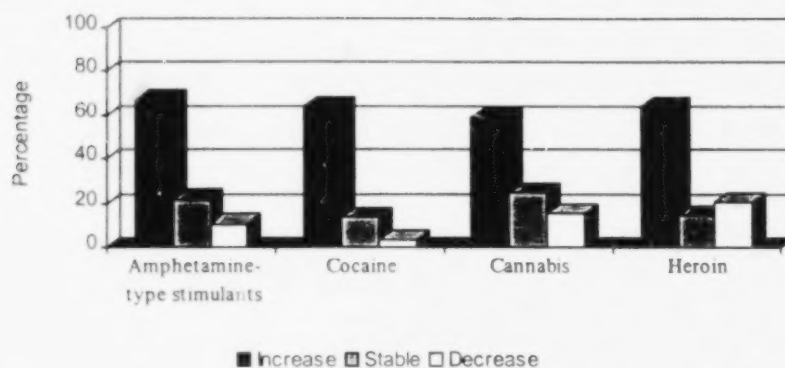
11. Eleven countries in Asia also reported increased heroin abuse in 1998 (annex table 1). Heroin abuse, by either smoking or injecting, now characterizes the chronic drug-abusing population in many south and east Asian countries. In some countries, heroin abuse appears to be replacing the abuse of opium (for example, in Hanoi).⁸ Elsewhere, abuse is associated with polydrug patterns of consumption. Heroin abusers may also commonly consume pethidine, dihydroethorphine and morphine (China), and buprenorphine (Bangladesh, India and Pakistan).⁹

B. Abuse of amphetamine and methamphetamine

12. Thirty countries have reported increases in the abuse of amphetamine-type stimulants during 1998. The term "amphetamine-type stimulants" is used with little precision, and the annual reports questionnaire does not currently give adequate coverage to drugs of that type. The term is used in the present context as a convenient shorthand for a range of drugs, the most notable being amphetamine, methamphetamine and the Ecstasy group of substances. Data on increases in abuse of amphetamine-type stimulants in 1998 can be found in annex table 2.

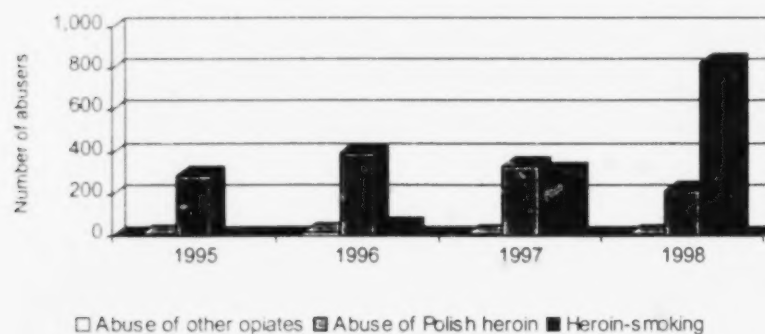
13. Data from the European Union suggest that amphetamines remain the second most-popular drug (in terms of lifetime prevalence) after cannabis. The dominant trend is a continuing rise in availability and abuse. Most abuse is by young people in the context of some form of youth culture. In some countries (mostly northern European), smaller populations of chronic abusers (often drug injectors) exist. Ecstasy (methylenedioxymethamphetamine and analogues) still appears to be popular, but increases in abuse are not as evident as earlier in the decade, and in some countries abuse may have stabilized, or may even be in decline. That does not necessarily imply that Ecstasy abusers have stopped taking stimulants.

Figure I
Trends in drug abuse, 1998



Source: Annual reports questionnaire

Figure II
First requests for treatment for drug abuse,
Warsaw, 1995-1998



Source: J. Sieroslawski, Ograniczenie Ulywania Sybstancji Psychoktywnych "Substance uses and related health problems", *Alkoholizm i Narkomania* vol. 2, No. 35 (1999).

Rather, it may be that some have switched to alternative drugs (amphetamines or cocaine).

14. With a few exceptions, amphetamine and methamphetamine abusers do not show up for treatment in any great numbers. In the 23 cities covered in the European multi-city data set for 1997,⁷ only one, Prague, reported a predominance of methamphetamine abusers (around 50 per cent of all first requests for treatment). The only other significant reports of problems came from Warsaw (about 15 per cent of first requests for treatment). In the United States the study "Monitoring the future" (1997-1998) reports a decline among tenth-graders in the United States. Abuse of stimulants had declined for two years among eighth-graders, and levelled off among twelfth-graders. Prevalence during the year prior to the survey was between 7 and 11 per cent for those groups. In wider population groups, indicators on methamphetamine were mixed, suggesting a fairly stable situation. The picture was less clear for the Ecstasy group, and recent data have suggested a moderate increase in Ecstasy abuse in the United States.⁹

15. Australian data do not provide a clear picture, with some indicators suggesting that amphetamine abuse may be stable, or even in decline, while recent school survey data suggest some increase among youth. Again the suggestion has been made that this may be due in part to the more widespread popularity of cocaine.¹⁰

16. Methamphetamine problems have been evident in some countries in south-east Asia for many years. However, in recent years, a dramatic increase in the abuse of the substance in the region has refocused attention on the problem, and considerable public concern is currently being expressed regarding the abuse of the drug. Historically, methamphetamine abuse has been an identified problem since the Second World War in Japan, since the 1970s in the Republic of Korea and since the mid-1980s in the Philippines and Taiwan Province of China. In recent years, the problem appears to be spreading more widely across the region, and prevalence also appears to be rising in countries that have a longer experience with the drug. In Malaysia, there is evidence of increasing abuse of methamphetamine. In the Philippines, methamphetamine, known locally as "shabu", is the primary drug of abuse. Prevalence is also rising in Singapore, and some data exist to suggest that the problem is increasing in Brunei Darussalam and Viet Nam.

17. In Thailand, in particular, increasing prevalence of methamphetamine abuse has been observed. The office of

the Narcotics Control Board estimates a fourfold increase in overall abuse during 1998.¹¹ In simple terms, two patterns of abuse are visible. The drug is abused by members of particular occupational groups (transport workers, sex workers, seafarers and construction workers), primarily to increase the capacity for prolonged economic activity. Such instrumental abuse of stimulants has been established for some time in Thailand, and particular concern has previously been expressed about the abuse of amphetamine-type stimulants by long-distance drivers. On the other hand, methamphetamine is increasingly being abused by students and young people in general. School samples show a small increase in prevalence from 1.16 per cent in 1996 to 1.4 per cent in 1999. However, that may not represent a particularly sensitive indicator of methamphetamine abuse among young people in the country. Geographical variations in patterns of abuse also exist, with problems tending to be more serious in the northern part of the country, where much of the methamphetamine is imported. The increasing popularity of the drug among young people is reflected in the alarming number of cases of those under 18 appearing before family courts for methamphetamine possession, which rose from 119 in 1995, to 7,726 in 1998.

C. Cocaine

18. Thirty-four countries reported an increase in the annual reports questionnaire for 1998 (annex table 3). Cocaine was reported by an estimated 1.5 million people in the United States in 1997 (0.7 per cent of the population aged over 12), significantly less than the peak of 5.7 million (3 per cent) in 1985. Currently, the picture is not particularly clear. In 1999, the Community Epidemiology Work Group reported that cocaine/crack indicators increased in 10 cities, were stable in 8, and decreased in 2. The increases in 10 cities were surprising, given the fact that cocaine indicators had been relatively stable in those cities during the past several years. In Australia and Europe, some evidence exists to suggest that cocaine is gaining in popularity.

19. In the European Union, although some indicators suggest a steady increase in the cocaine market, distinct geographical variations can be observed. Cocaine appears most available in larger cities and in those areas with a relatively large number of abusers of other drugs, for example, London and Amsterdam. Recent national survey data from the United Kingdom¹² suggest that abuse of

cocaine among those aged 16 to 29 increased from 1 per cent in 1994 to 3 per cent in 1998. Increases in cocaine abuse were disproportionally observable in London and some other large cities in the United Kingdom, where prevalence rates had risen considerably. Amsterdam appears to be the only city in Europe to report significant requests for treatment for cocaine problems. In 1997, 37.5 per cent of first treatment requests in Amsterdam were for a cocaine problem.⁷ However, such data are reported on the basis of outpatient admissions only, and that may result in difficulties in comparing data from Amsterdam with that from other cities.

D. Cannabis

20. Thirty-eight countries report increased cannabis abuse in the annual reports questionnaire (annex table 4). Most geographical regions were affected, and the observation that cannabis is the most widely abused illicit substance can be applied to an increasing number of countries. Prevalence rates for cannabis are often far higher than for other drugs. In addition, the number of people who admit using cannabis regularly is often far higher. Globally, estimates of annual prevalence vary, but are generally high in the following countries and regions: west Africa (for example, Ghana, Nigeria, Sierra Leone); Oceania (Australia, the Federated States of Micronesia, New Zealand and Papua New Guinea); Central America and the Caribbean (notably Jamaica); North America (Canada and the United States); and a number of European countries. Annual prevalence rates (use in the last year) are often very high. For example, recent estimates for the annual prevalence of cannabis abuse among those aged over 15 were 16 per cent for Sierra Leone, 15 per cent for Micronesia, 14 per cent for Ghana and 18 per cent for Australia.

21. In some regions, cannabis abuse appears to be increasingly similar from country to country. For example, not only have most countries in the European Union experienced an increase in cannabis prevalence during the 1990s, but patterns of abuse also appear to be converging. Differences may still exist in terms of cannabis abuse in the general population (between 10 and 30 per cent of lifetime prevalence), but differences are far less marked when youth populations are compared.

III. Prevalence of drug abuse among youth: globalization of youth culture and drug abuse

22. Developments in communications and information technology are leading to a harmonization of youth culture across Europe, and to some extent globally. Young people increasingly have access to the same youth culture in terms of clothing, music and fashion. It can be argued that illicit drugs, or at least some patterns of illicit drug abuse, act in many respects like other commodities in an increasingly global market. For example, the spread of Ecstasy abuse indicates that the young and affluent in many parts of the world increasingly have access to the same cultural options. That is reflected in Ecstasy abuse, together with its associated cultural accompaniments of musical styles and dance events, which have spread rapidly and extensively in little more than a decade. In the late 1980s, such behaviour went largely unrecognized in the few western cities where it developed. Today, reports of Ecstasy abuse in similar settings can be found in many countries around the world. Ecstasy abuse has been reported among the well-educated in Thailand, among the young and affluent in the Russian Federation, and in dance and "rave" parties in South Africa. In relative terms, the numbers of individuals involved may be small, and compared to other drug problems, the impact of such drug abuse is often not profound. However, it does illustrate a disturbing trend when drug abuse patterns quickly transcend national boundaries and global patterns become established. The challenge is also to develop a global strategy, using the youth culture, to counter drug abuse among youth.

IV. Drug injection and blood-borne infections

A. Human immunodeficiency virus

23. In global terms, drug injection, through the health problems associated with the practice, remains the biggest cause of morbidity and mortality resulting from the abuse of illicit drugs. In annex table 5, a list of the 136 countries that have reported the existence of populations of injecting drug users (IDUs) can be found. In addition, 93 countries (68 per cent) also reported that infection with the human immunodeficiency virus (HIV) has been identified among

drug injectors. The list has grown since it was last presented to the Commission in 1997, when 122 countries reported IDU populations. The number of countries¹³ reporting injecting populations has grown consistently throughout the 1990s; in 1992, only 80 countries reported the existence of IDUs. Although the number of countries identified as having an IDU population represents nearly three quarters of the total number of countries in the world, the list is still probably an underestimate of the real number. That is true in terms of both the existence of injecting populations and the number of countries reporting HIV infection within that group. It should be noted that the prevalence rates for drug-injecting varies greatly, but is usually low. For many countries that report the existence of drug-injecting, the actual numbers of current IDUs will therefore be small. However, as drug injection is not a randomly distributed behaviour, high prevalence may be found within certain subpopulation groups or geographical areas.

24. The increase in reports of new drug-injecting populations illustrates a trend, apparent in recent years, towards the spread of injecting to an increasing number of developing countries where previously the practice was often virtually unknown. A number of reasons have been suggested for the spread of injecting;¹⁴ including the following: a technical, or practical, advantage over other modes of administration (it is easier to use and to conceal injecting equipment); an economic advantage (dosage level established more efficiently); and the development of new communication links and population movements that allow greater transfer of practices between populations, and that therefore facilitate diffusion. In addition, changes in the trafficking and the production of illicit drugs indirectly influence local consumption patterns (as reflected in heroin production moving closer to drug cultivation areas in south-east Asia, or trafficking routes in west Africa and central Europe leading to an increase in local heroin abuse).

25. An obvious concern of increased injection relates to blood-borne infections in general, and HIV infections in particular. Extrapolations from case data on acquired immune deficiency syndrome (AIDS)¹⁵ suggest that the cumulative number of HIV infections among IDUs could be around 3.3 million (up to 1997). Such estimates should be treated with caution, since both the true size of the global IDU population (estimated at 5 million¹⁶ in 1992) remains unknown, as does the rate of HIV infection among IDUs. What is clear however, is that both drug injection and HIV infection can, under certain conditions, rapidly

spread within and between populations. That is a particular concern for developing countries, where knowledge about the risks of sharing injecting equipment may be poor or even lacking, and sterile injecting equipment may be scarce. In those circumstances, explosive epidemics have been documented, where the introduction of injecting has been accompanied by a dramatic and rapid escalation in HIV infection rates.¹⁶

26. Injecting drug abuse is the main, or a major, mode of transmission for HIV infection in the following regions: east Asia and the Pacific, Central Asia and eastern Europe, the Middle East and north Africa, Latin America, North America and western Europe.¹⁷ Drug-injecting may also contribute to increased incidence of HIV infection in the general population through the transmission of infection to the children of drug-injecting mothers (perinatal transmission), and through sexual contact between drug injectors and non-injectors. Numerous studies have found drug injectors to be disproportionately likely to be involved in the sex industry or to engage in high-risk sexual activities.

27. A distinction can be made between developed countries that often have long-established populations of IDUs, and developing countries where injecting is often a relatively new phenomenon. In the former, for the most part, the rate of new infections remains relatively low. Where prevalence rates are still increasing, the increases observed are not dramatic, as compared to the rapid escalations in prevalence observed earlier in the epidemic. Nevertheless, drug-injecting remains a major risk factor for new HIV infections in many developed countries, and actual prevalence rates vary greatly. In developing countries where recent epidemics have occurred, or are currently occurring, the potential for future rapid escalation in prevalence appears pronounced, even if current infection rates may be minimal. The scale of the problem, or the potential problem, also appears far greater. For large developing countries, even if drug injection rates remain relatively low, the number of individuals who may be affected, in numerical terms, is considerable.

28. In the European Union, considerable variation is observed between countries in respect to rates of HIV infection, with marked differences between the relatively high rates reported in Spain (32 per cent), France (15.5-18.3 per cent), Italy (15.7 per cent) and Portugal (14 per cent), and the lower rates found in countries like Ireland (0.9 per cent), United Kingdom (1 per cent), Austria (1.5-2 per cent) and Sweden (2.6 per cent). It should be noted

that within countries, considerable geographical variation in prevalence rates exists, and therefore national rates should be interpreted with caution. With respect to trends, the overall situation in the European Union appears to be relatively stable. In some countries (France and Italy) rates appear to be declining, while elsewhere the opposite may be true. In particular, concern exists that in Portugal, the prevalence of HIV infection among drug injectors may be rising. However, for the region as a whole, EMCDDA studies suggest that, for most countries, the highest incidence occurred between 1986 and 1988.

29. In the United States, drug injection remains the second most common mode for the transmission among AIDS patients.¹⁸ In June 1997, injection-related AIDS cases accounted for 32 per cent of all new diagnoses. It is estimated that in the 96 largest cities, there are 1.5 million drug injectors, of whom 14 per cent are likely to be infected with HIV. However, incidence rates do not suggest explosive growth in drug-related HIV rates, as was observed in some cities earlier in the epidemic, or as is currently observed in some developing countries. It should also be noted that crack cocaine smokers are also found to have elevated rates of HIV infection in North American studies. Studies have associated both injecting drug use and crack cocaine use with elevated levels of high-risk sexual behaviours. In 1996, in Canada, approximately half of the estimated HIV infections that have been detected were attributed to drug injection.¹⁹ Data from testing programmes suggest that injecting drug abuse is becoming an increasing risk factor for new HIV infections. Although HIV prevalence rates across Canada appear to vary considerably, there has in general been an increase during the 1990s. For example, prevalence was estimated among IDUs in Montreal at 5 per cent in 1988 and 19.5 per cent in 1997. Similar increases have been observed in Vancouver, British Columbia.

30. In Australia, most new HIV infections occur through sexual contact between men.¹³ Over 85 per cent of all HIV transmission¹³ are attributed to such behaviour. There is no evidence to suggest that the very low rates of transmission associated with drug injection are changing, and prevalence rates appear stable among sample groups of IDUs attending needle exchange programmes.

31. HIV infections remain a serious problem in the countries discussed above. However, explosive escalations in infection are not currently happening, and there are grounds for cautious optimism that in many developed countries interventions and measures put in place to limit

the potential for increased infection among IDUs have been at least partially successful. In addition, investments in improved surveillance of drug injectors have also paid dividends, and a far sounder knowledge base now exists to allow informed debate on the current situation.

32. For 1999, the steepest HIV curve in the world was recorded in States of the Commonwealth of Independent States, where the proportion of the population infected doubled between the end of 1997 and the end of 1999.¹⁷ If the remainder of central and eastern Europe is included, the Joint United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome and the World Health Organization estimate that the number of infected individuals rose by a third during 1999. That number is currently estimated at 360,000. In the Russian Federation, approximately half of all cases of HIV infection were reported during the first nine months of 1999. Drug-injecting is considered the primary factor for infection in the region. Because of some of the preparation methods used in the area, the drug solutions themselves may also pose a risk of HIV infection, regardless of injecting practice. HIV infection is increasing dramatically in Moscow, where 2,700 new cases were reported in 1999 (three times as many as in all previous years combined). Those rates appear even higher in the towns and cities around Moscow. Both drug-injecting and HIV infection appear to have spread across many parts of the Russian Federation. For example in Irkutsk, nearly 13,000 infections have been reported.

33. The HIV epidemic in the region appears to have started first in the Ukraine, about 1994 or 1995, and the country is now seeing a subsequent increase in AIDS cases. In the Russian Federation, the epidemic followed somewhat later (1995-1996). In some Russian cities (Kaliningrad, Odessa and Svetlogorsk), the incidence of HIV infections appears to have fallen recently, which is probably an indication of saturation levels of infection among the local populations of IDUs.²⁰ In 1997 and 1998, the first cases of HIV among IDUs began to be detected in the Baltic States, the central Asian States and the Caucasus region. While the absolute number of HIV cases remains low, IDUs are increasingly accounting for the majority of new infections. By the beginning of 1999, Estonia and Turkmenistan were the only newly independent States to have emerged from the former Soviet Union in which no HIV infection among IDUs had been reported.

34. The understanding of the potential for increased injecting and for increased HIV prevalence is handicapped

by the absence of good data sources in the region. In particular, the actual levels of drug injection in the region appear to vary greatly, and it cannot be assumed that all areas have significant injecting populations. Nevertheless, sufficient evidence does exist to suggest that HIV infection among IDUs in the region represents a most serious threat.

35. To date, the countries of central and eastern Europe, with the exception of Poland, have not experienced significant HIV infection among IDUs. In Slovakia, Hungary, Slovenia, the Czech Republic and Croatia, only small numbers (2, 6, 12, 17 and 30, respectively)²⁰ of HIV-positive injectors had been identified by the end of 1998. However, there is some evidence to suggest that in those countries, the potential for an increase in infection rates exists. For example, among new treatment attenders in Prague (Czech Republic), 48 per cent had shared injecting equipment in the month prior to entering treatment. In Bratislava, that figure was 37 per cent.⁷ How long HIV among IDUs will remain at its current low levels in the region therefore remains an open question. The exception is Poland, where HIV infection was detected in IDUs in the late 1980s. Currently, there are, on average, between 350 and 600 new infections reported annually.²⁰ In the Balkans, a pattern similar to that of central and eastern Europe emerges. Injecting populations are found, but HIV prevalence is currently very low, although risk behaviours may be evident. For example, only 1.3 per cent of first requests for treatment in Sofia were HIV-positive in 1997, although 40 per cent reported sharing injecting equipment in the month prior to entering treatment.⁷ In the Balkans, only Serbia and Montenegro appear currently to have significant HIV infection among IDUs.

36. A potential for increased HIV infection from drug-injecting also exists in north Africa and the Middle East. Drug injection is already the major cause of AIDS in Bahrain and about half of all infections in the Islamic Republic of Iran. In Egypt, about 10 per cent of HIV infections are attributed to injection.¹⁷ In general, for Africa as a whole, the evidence suggests increased rates of injecting in the countries of northern Africa bordering the Mediterranean, but not for the rest of the continent. If central and southern Africa are considered, drug injection appears uncommon, and HIV infection is predominantly associated with sexual behaviour. For example, in South Africa, very little injecting of any drug is reported by those seeking treatment (0 to 3 per cent, depending on site).² Similarly, a 1998 rapid assessment exercise in Nigeria found that 10 per cent of street contacts (non-random sample of drug consumers) reported injecting heroin.²¹ The

data would suggest that drug injection is uncommon, but not unknown, in central and southern Africa. However, for many countries, data on patterns and trends in drug consumption are virtually absent. Again, that highlights a need for improved monitoring systems throughout the African continent.

37. In China, although HIV rates currently remain relatively low in population terms, the number of individuals affected is considerable (just under half a million infected individuals), and the majority of new infections are among drug injectors.¹⁷ Drug injection itself appears to be increasing and spreading to areas where it was previously unreported. The potential for increased infections therefore seems considerable. Drug injecting has also been increasing in Myanmar and spreading from urban to rural areas. Prevalence estimates are worryingly high²² and estimates from surveillance work found between 22 and 84 per cent of IDUs tested were HIV-positive (1998).²³ Studies in Kachin State and the Northern Shan State produced HIV prevalence rates of 93 and 82 per cent, respectively.²²

38. Heroin injection appears to be increasingly popular in Viet Nam,⁸ may have recently begun in the Lao People's Democratic Republic, and has been established for some time in Hong Kong Special Administrative Region (SAR) of China and Thailand.²² In Malaysia, it was estimated that, in 1995, 77 per cent of HIV cases were among IDUs.²⁴ As of June 1997, the cumulative total of known HIV-infected persons was 21,863, of whom 76 per cent were identified as IDUs.²² In India, intravenous drug abuse is becoming more common among opiate addicts. HIV prevalence among IDUs was estimated at 27 per cent⁸ in 1997. Reports have also recently emerged of buprenorphine injection in Bangladesh accompanied by high rates of equipment-sharing.²⁴

39. As in the case of the Baltic States and the States of the Commonwealth of Independent States, the difficulties in accurately estimating the prevalence of drug abuse suggests that individual estimates should be treated with caution, and that there is a pressing need for an improved information base. The picture is also similar in the sense that some countries already have significant HIV infection, while in others, to a greater or lesser extent, the conditions for increased infection exist, but rates currently remain low. Individual estimates of both injecting prevalence and HIV infection are clearly open to question. However, sufficient evidence exists to suggest that drug-related HIV

infection poses, and will continue to pose, a serious problem for many countries in central Asia.

40. Because of the need for brevity and the scarcity of data, the foregoing review of the global problem of drug injection and HIV infection is not comprehensive. It illustrates, however, that drug-related HIV infection remains one of the critical global issues. The situation has stabilized to some extent in developed countries. There is a danger that the problems faced in developing countries may become overlooked. The problems are made worse by the absence of reliable data sources. Drug-injecting has spread to many areas in which it was previously uncommon or unknown. High rates of risk behaviour known to be associated with HIV transmission are also commonly found among the new injecting populations.

B. Hepatitis C

41. HIV infection is not the only blood-borne virus to be associated with drug injection. Other concerns exist about the transmission of hepatitis B, hepatitis C and tuberculosis. As regards tuberculosis and drug-resistant tuberculosis in particular, the knowledge base is so poor that it does not permit informed comment. It is a source of concern, however, that infections appear to be increasing in the Baltic States and in the States of the Commonwealth of Independent States.²⁵

42. Hepatitis C infection is increasingly causing concern in many countries. Unlike HIV, drug injection is the major mode of transmission for hepatitis C, as sexual transmission appears rare. There are a number of reasons for the increased worries about hepatitis C infection rates.²⁶ The prevalence of hepatitis C among drug injectors is usually high, even where HIV rates remain low. There is little evidence to suggest that interventions that have arguably proved effective in reducing HIV transmission inhibit the transmission of hepatitis C. Unlike hepatitis B, no immunization option currently exists. Drug injectors often have other problems, such as alcohol dependence, that are associated with the poor outlook in cases of hepatitis C infection.

43. In countries in which HIV infection rates are currently low, given the high prevalence of hepatitis C infection in IDU populations, the long-term consequences in terms of morbidity and mortality are likely to be greater than for HIV. Current prevalence estimates vary, but are usually high. For example, hepatitis C remains the most

frequent notifiable infection in Australia (1998),¹³ and prevalence rates are estimated at around 50 per cent. In Europe,⁶ rates for hepatitis C infection are higher and more uniform than for hepatitis B among IDUs. Only Belgium and Luxembourg report prevalence figures at under 50 per cent (47 and 18 per cent), and most countries report rates of between 60 and 80 per cent; Sweden reported the highest rate in the European Union in 1998 (92 per cent). In the United States, overall hepatitis C prevalence is estimated at 77 per cent among IDUs who had been injecting for six years or more¹⁸ (for purposes of comparison, hepatitis B and HIV were estimated at 66 and 20.5 per cent, respectively, for this group). High rates of hepatitis C have also been reported in Japan.²² However, in general, for drug injectors in many countries of the world, information on hepatitis C infection rates and trends remains poor or simply unavailable.

C. Drug overdoses and mortality

44. Concern about drug overdoses has in recent years become more apparent in a number of countries. Arguably, the topic had previously been somewhat overlooked, since research agendas have focused on questions relating to HIV transmission. Drug overdoses are not restricted to injecting populations, but for some drug types at least, they are more strongly associated with injecting than with other modes of administration. Renewed interest in the topic has centred on Australia, the United States and the European Union.

45. It is important to note that for many countries with low HIV rates among drug abusers, drug overdoses have consistently been the largest cause of mortality among that group. Data on drug-related death is notoriously difficult to standardize and analyse, and for many countries, there is no understanding of the long-term mortality rates associated with different patterns of drug abuse.

46. Injecting of opiates appears particularly associated with drug overdoses. Patterns of drug mortality also vary across time. For example, in the European Union, drug-related deaths increased markedly during the late 1980s and early 1990s, and since then has stabilized or declined in most countries (with the exception of Greece, Ireland and Portugal).⁶ In 1998, 737 Australians died from opiate overdoses, a 23 per cent increase on the 1997 figures.²¹ The importance of opiate overdoses is reflected in the

observation that opiate overdoses account for almost 9 per cent of all deaths in the 15-44 age group in Australia.

47. Drug overdoses remains an important but poorly understood phenomenon. Only in a few countries do sufficient data exist to begin to understand the factors associated with deaths resulting from drug overdoses or support the development of appropriate responses. In developing countries, virtually nothing is known about the long-term mortality rates of drug users or the factors that influence the taking of overdoses.

V. Data collection

48. A recurring theme in the present report has been the lack of good data to enable a comprehensive understanding of global trends in the abuse of illicit substances. But the lack of data is not universal. Investment in data collection systems combined with methodological advances now mean that for some regions of the world, dramatic improvements are observable in the quality and quantity of available information. For the most part, the improvements have occurred in developed countries. Given that some of the most disturbing trends in drug abuse are now occurring in developing countries, there exists a critical need to invest in enhancing the capacity of developing countries to monitor the drug abuse situation. UNDCP, through the global programme on assessing the magnitude of drug abuse, will assist countries in developing their data collection capacity. Even where data exist, comparability between countries and regions remains poor. To develop a clear understanding of the global drug abuse problem, there is a need to develop and use more comparable and standardized indicators. UNDCP is actively working with relevant organizations, at the international, regional and national level, to agree on common definitions and measures for describing patterns and trends in drug abuse. It is hoped that agreement on a common global data set has become, for the first time, a realistic possibility.

Notes

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Annex

Data on trends in drug abuse and country reporting

Table 1
Data on trends in the abuse of heroin
(Number of countries reporting: 48)

<i>Trends</i>		<i>Regional and country reporting in 1998*</i>
<i>Increase in abuse</i>		
Total number of countries reporting	31	Africa (6) Ghana, Libyan Arab Jamahiriya, Mauritius, Morocco, United Republic of Tanzania, Zimbabwe
Percentage of 1998 reports	64	Near and Middle East (3) Jordan, Kuwait, Syrian Arab Republic
		Americas (3) Canada, Colombia, Mexico
		Asia (11) China, India, Indonesia, Kyrgyzstan, Malaysia, Philippines, Republic of Korea, Singapore, Sri Lanka, Tajikistan, Uzbekistan
		Europe (8) Austria, Belarus, Bulgaria, Ireland, Norway, Russian Federation, the former Yugoslav Republic of Macedonia, United Kingdom of Great Britain and Northern Ireland
<i>Stable level of abuse</i>		
Total number of countries reporting	7	America (2) Panama, Suriname
Percentage of 1998 reports	15	Near and Middle East (1) Bahrain
		Europe (4) Hungary, Luxembourg, Portugal, Sweden
<i>Decrease in abuse</i>		
Total number of countries reporting	9	Asia (4) Brunei Darussalam, China (Hong Kong SAR), Myanmar, Thailand
Percentage of 1998 reports	21	Europe (5) Czech Republic, France, Liechtenstein, Spain, Switzerland

Source: Annual reports questionnaire

* Number of countries reporting indicated in parentheses

Table 2

Data on trends in the abuse of amphetamine-type stimulants

(Number of countries reporting: 45)

<i>Trends</i>		<i>Regional and country reporting in 1998^a</i>
<i>Increase in abuse</i>		
Total number of countries reporting	30	Africa (1) Cameroon
Percentage of 1998 reports	67	Americas (5) Bolivia, ^b Brazil, Colombia, Guatemala, Mexico
		Asia (7) Brunei Darussalam, China (Hong Kong SAR), Indonesia, Malaysia, Republic of Korea, Singapore, ^c Thailand
		Near and Middle East (1) Kuwait
		Europe (15) Bulgaria, Czech Republic, Finland, France, Germany, Hungary, Luxembourg, Malta, Norway, Portugal, ^d Republic of Moldova, Sweden, Switzerland, the former Yugoslav Republic of Macedonia, United Kingdom of Great Britain and Northern Ireland ^e
		Oceania (1) New Zealand
<i>Stable level of abuse</i>		
Total number of countries reporting	10	Africa (2) Ghana, Zimbabwe
Percentage of 1998 reports	22	Americas (4) Canada, Ecuador, Panama, United States of America
		Asia (1) Uzbekistan
		Europe (3) Austria, Belarus, ^f Spain
<i>Decrease in abuse</i>		
Total number of countries reporting	5	Asia (3) China (Macao SAR), Japan, Philippines
Percentage of 1998 reports	11	Europe (2) Ireland, ^g Russian Federation ^h

Source: Annual reports questionnaire.

Notes: Caution should be exercised in interpreting this table, as countries report trends in respect of a number of drugs classified as amphetamine-type stimulants (including methamphetamine, the Ecstasy group and amphetamine). Because of deficiencies in the current reporting system, it is not always possible to identify the individual drug type.

Table based on summary of replies. Where possible, trends relating to specific drug types are indicated.

^a Number of countries reporting indicated in parentheses.

^b Methamphetamine stable.

^c MDMA decrease.

^d Amphetamine decrease.

^e Methamphetamine decrease.

^f MDMA stable.

Table 3

Data on trends in the abuse of cocaine

(Number of countries reporting: 52)

<i>Trends</i>	<i>Regional and country reporting in 1998</i>
<i>Increase in abuse</i>	
Total number of countries reporting: 34	
Percentage of 1998 reports: 64	Africa (5): Cameroon, Ghana, Morocco, United Republic of Tanzania, Zimbabwe Near and Middle East (2): Jordan, Lebanon Americas (10): Bolivia, Brazil, Canada, Chile, Costa Rica, Ecuador, Guatemala, Mexico, Nicaragua, Suriname Asia (3): China (Hong Kong SAR), Republic of Korea, Uzbekistan Europe (14): Austria, Bulgaria, France, Germany, Hungary, Ireland, Liechtenstein, Malta, Norway, Russian Federation, Spain, Sweden, the former Yugoslav Republic of Macedonia, United Kingdom of Great Britain and Northern Ireland
<i>Stable level of abuse</i>	
Total number of countries reporting: 13	
Percentage of 1998 reports: 15	Americas (4): Colombia, Costa Rica, Grenada, Panama Asia (2): Japan, Thailand Near and Middle East (2): Kuwait, Syrian Arab Republic Europe (4): Belarus, Czech Republic, Luxembourg, Switzerland Oceania (1): New Zealand
<i>Decrease in abuse</i>	
Total number of countries reporting: 4	
Percentage of 1998 reports: 8	Americas (2): Bahamas, United States of America Asia (2): China (Macao SAR), Philippines

Source: Annual reports questionnaire

* Number of countries reporting indicated in parentheses

Table 4

Data on trends in the abuse of cannabis

(Number of countries reporting: 64)

<i>Trends</i>		<i>Regional and country reporting in 1998*</i>
<i>Increase in abuse</i>		
Total number of countries reporting	38	Africa (6) Cameroon, Ghana, Libyan Arab Jamahiriya, Mauritius, Morocco, Zimbabwe
Percentage of 1998 reports	59	Americas (10) Bahamas, Bolivia, Brazil, Chile, Colombia, Costa Rica, Ecuador, Nicaragua, Suriname, United States of America
		Asia (6) China (Hong Kong SAR), Indonesia, Japan, Kazakhstan, Republic of Korea, Myanmar
		Near and Middle East (1) Kuwait
		Europe (15) Austria, Belarus, Bulgaria, Czech Republic, Finland, France, Germany, Hungary, Liechtenstein, Norway, Republic of Moldova, Spain, Sweden, Switzerland, the former Yugoslav Republic of Macedonia
<i>Stable level of abuse</i>		
Total number of countries reporting	16	Africa (2) Namibia, United Republic of Tanzania
Percentage of 1998 reports	25	Americas (5) Canada, Grenada, Guatemala, Mexico, Panama
		Asia (3) Brunei Darussalam, Sri Lanka, Uzbekistan
		Europe (5) Ireland, Malta, Portugal, Russian Federation, United Kingdom of Great Britain and Northern Ireland
		Oceania (1) New Zealand
<i>Decrease in abuse</i>		
Total number of countries reporting	10	Asia (8) China (Macao SAR), India, Kyrgyzstan, Malaysia, Philippines, Singapore, Tajikistan, Thailand
Percentage of 1998 reports	16	Near and Middle East (2) Lebanon, Syrian Arab Republic

Source: Annual reports questionnaire

* Number of countries reporting indicated in parentheses

Table 5

Countries and territories reporting injecting drug use and drug-related HIV infection

Countries and territories			
Africa	Asia ^a	Europe ^b	Oceania ^a
Benin ^b	Azerbaijan ^c	Albania ^c	Australia
Cameroon ^b	Bahrain	Austria	Fiji ^c
Chad	Bangladesh ^d	Belarus	French Polynesia ^b
Côte d'Ivoire	Brunei Darussalam ^d	Belgium	Guam ^c
Egypt	Cambodia ^b	Bosnia and Herzegovina ^d	Micronesia (Federated States of)
Ethiopia	China	Bulgaria ^c	Nauru ^{b, c}
Gabon	Hong Kong SAR of China	Croatia	New Caledonia ^a
Ghana ^{b, d}	Macao SAR of China ^d	Czech Republic	New Zealand
Kenya	Taiwan Province of China ^d	Denmark	
Libyan Arab Jamahiriya ^b	Cyprus	Estonia ^c	
Mauritius	India	Finland	
Morocco ^d	Indonesia	France	
Nigeria ^d	Iran (Islamic Republic of) ^d	Georgia ^b	
Senegal	Iraq ^c	Germany	
South Africa	Israel	Greece	
Sudan	Japan	Hungary	
Tunisia	Jordan	Iceland	
Uganda	Kazakhstan	Ireland	
United Republic of Tanzania ^d	Kuwait ^b	Italy	
Zambia	Kyrgyzstan ^c	Latvia	
Zimbabwe ^b	Lao People's Democratic Republic ^c	Liechtenstein	
	Malaysia	Lithuania	
	Myanmar	Luxembourg	
	Nepal ^c	Malta	
	Oman	Monaco	
	Pakistan ^c	Netherlands	
	Philippines	Norway	
	Qatar	Poland	
	Republic of Korea	Portugal	
	Saudi Arabia	Republic of Moldova	
	Singapore	Romania	
	Sri Lanka	Russian Federation	
	Syrian Arab Republic	San Marino	
	Tajikistan ^a	Slovakia	
	Thailand	Slovenia	
	Turkmenistan ^c	Spain	
	Viet Nam	Sweden	
	United Arab Emirates ^d	Switzerland	
	Uzbekistan	the former Yugoslav Republic of Macedonia ^d	
		Turkey	
		Ukraine	
		United Kingdom of Great Britain and Northern Ireland	
		Ireland	
		Yugoslavia	
Americas ^a			
Argentina			
Bahamas			
Bermuda ^a			
Bolivia ^a			
Brazil			
Canada			
Chile			
Colombia			
Costa Rica			
Dominican Republic			
Ecuador			
El Salvador			
Guatemala ^a			
Haiti ^a			
Honduras			
Jamaica ^a			
Mexico			
Nicaragua			
Panama			
Paraguay ^a			
Puerto Rico			
Suriname ^a			
United States of America			
Uruguay			
Venezuela			

Number of countries
reporting by region and
territories

Africa	21
Americas	25
Asia	38
Europe	44
Oceania	8
Total	136

Sources: Annual reports questionnaire, part II, drug abuse; Gerry Stimson, Don C. Des Jarlais and Andrew Ball, *Drug Injecting and HIV Infection* (World Health Organization, 1998); UNAIDS/WHO fact sheet; and Pompidou Group project on treatment demand, final report on treated drug users in 23 European cities

^a Except where otherwise indicated, all countries and territories reported HIV infection in IDUs

^b New reporting country or territory

^c No HIV infection in IDUs reported

^d HIV infection in IDUs reported





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Item 5 (a) of the provisional agenda*

Illicit drug traffic and supply: world situation with regard to drug trafficking and reports of subsidiary bodies of the Commission

World situation with regard to illicit drug trafficking and action taken by the subsidiary bodies of the Commission on Narcotic Drugs

Report of the Secretariat

Summary

The present report provides an overview of global trends and patterns in illicit drug production and trafficking and of the action taken by the subsidiary bodies of the Commission on Narcotic Drugs in 1999.

The global supply of cocaine remained stable in 1999, but that of heroin increased substantially because of the large increase in opium production in Afghanistan. Trafficking patterns and trends, as reflected in seizure statistics provided up to 1998 in the annual reports questionnaires, indicate an increase in the interdiction of cocaine, heroin, cannabis resin and amphetamine-type stimulants. Most of the increase relates to the established producer, transit and consumer areas, rather than to emerging markets for illicit substances.

* E/CN.7/2000/1

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I. Introduction

1. The present report provides an overview of the latest trends in illicit drug production and trafficking at the global and regional levels, and summarizes information received from Governments in the annual reports questionnaires. Reference is made to opiates, coca, cannabis and psychotropic substances and a brief update is provided on cultivation and production of drugs, patterns and trends in drug trafficking, global interception rates, availability of drugs to the world market and farm-gate and street prices.

2. The information presented is drawn mainly from the annual reports questionnaire relating to 1998, submitted by Governments to the United Nations International Drug Control Programme (UNDCP). For the analysis of trends, questionnaires submitted for previous years were also used as a source of data. The return rate for the questionnaires significantly increased for 1998, the latest available reporting year. A total of 114 questionnaires had been received by 10 December 1999, and a few more were expected to arrive, while less than 100 had been submitted on average in previous years.

3. Where annual reports questionnaires did not provide sufficient information, the following sources were used to supplement data gaps: the International Criminal Police Organization (Interpol), the Customs Cooperation Council (also known as the World Customs Organization) and the International Narcotics Control Board.

4. Despite the increased number of questionnaires received by UNDCP from Governments, a number of limitations exist with regard to the resulting data. The most important shortcomings concern the quantity and quality of the information provided. First, the replies submitted are not always comprehensive. For example, certain essential information on illicit drug trafficking is frequently missing. Secondly, the comparability of data received is often limited. Thirdly, there are inherent difficulties regarding seizure data, when reports are submitted by some countries and not by others. That may give the impression that the countries not submitting reports are drug-free, even though in reality they may be affected by drug trafficking.

5. The present report was also prepared in response to the request of the General Assembly, in its resolution 54/132, that UNDCP include in its report on illicit traffic in drugs an updated assessment of worldwide trends in illicit traffic and transit in narcotic drugs and

psychotropic substances, including methods and routes used, and to recommend ways and means of improving the capacity of States along those routes to deal with all aspects of the drug problem. The present report will be complemented by a presentation by UNDCP at the forty-third session of the Commission on Narcotic Drugs under the relevant agenda item.

II. Summary of worldwide trends in illicit traffic

6. Global illicit production of opium increased significantly in 1999, reaching a record level of almost 6,000 tons. That was mostly due to an enormous increase in production of opium in Afghanistan, prompted by increased cultivation, relatively high farm-gate prices during the growing season and favourable weather.¹ Afghanistan accounted for more than 75 per cent of the illicit opium produced worldwide in 1999. Illicit cultivation and production seem, on the other hand, to have slightly declined in Myanmar during 1999, and to have remained relatively small-scale in other countries, such as Colombia, the Lao People's Democratic Republic and Mexico.

7. Illicit production of coca leaf remained relatively stable throughout the past decade, leading to the potential global manufacture of an estimated 900 tons of cocaine in 1999. Illicit cultivation and production in Colombia continued to increase, accounting for approximately two thirds of the global production level for 1999. In Peru, eradication efforts, which have been increasingly strengthened in recent years, continued in 1999. On the other hand, large abandoned areas of former cultivation were reactivated in response to an increase in farm-gate prices of dried coca leaf.² As a result, the production level in 1999 was estimated to have remained relatively stable. Following the trend of recent years, farm-gate prices in Bolivia were also rising although production seemed to have significantly declined. Farm-gate prices of coca leaf and coca base were also on the rise in Colombia and Peru.

8. With regard to trafficking, since seizure statistics for 1999 are not yet available, trends are described up to 1998. Hence, the changes in the production of drugs over the last 12 months are not reflected in the trafficking trends presented. Globally reported cocaine seizures, which were relatively stable throughout the 1990s, mirroring stable trends in coca leaf production, reflected a significant increase in 1998, reaching a record level. Globally reported seizures of heroin, which have been rising moderately for

decades, continued to increase, and also reached an unprecedented level.

9. The increases in global seizure volumes of both cocaine and heroin were not attributable to trends in emerging consumer markets (that is, the markets for cocaine in western Europe and heroin in North America), but to effective law enforcement interventions in traditional source, transit and consumer areas. The most significant increase in cocaine seizures occurred in Colombia. Heroin seizures rose particularly in China, the Islamic Republic of Iran, the Netherlands and Turkey, while reported interceptions declined in India and Pakistan.

10. Global interception rates for both heroin and cocaine seizures were exceptionally high in 1998. Production levels of both drugs remained relatively stable compared to the previous year, but seizure volumes increased. The heroin interception rate was calculated at 17 per cent, as against a normal annual average of just above 10 per cent, and that for cocaine at roughly 40 per cent, compared to a normal average of approximately 33 per cent.

11. In the United States of America,¹ trends observed in recent years continued with respect to both drug types. Heroin seizures continued to rise moderately, while those for cocaine remained stable, though at their highest recorded level.

12. In western Europe, the trend in seizures in 1998 showed a slight reversal compared with trends of recent years. Heroin seizures, which had been stable for several years, showed a new increase, while the rising trend for cocaine observed throughout the 1990s unexpectedly turned into a decline. That may, however, have been only a one-year fluctuation rather than a change in trafficking trends, since the latest available figures for 1999 indicated a large increase in cocaine seizures in some western European countries, even though final regional totals are not yet available. Countries in western Europe reflecting the biggest changes in 1998 were the Netherlands and Turkey, both of which recorded large increases in seizures of both drugs, as well as Spain, where seizures of cocaine and heroin declined.

13. The main transit countries affected by the trafficking of opium and heroin from south-west Asia to western Europe remain the Islamic Republic of Iran, Turkey and other countries along the various Balkan routes. Another subregion used is central Asia. An important transit zone seems to be the border areas between Afghanistan, the Islamic Republic of Iran and Turkmenistan. The

southward trafficking route from Afghanistan across Pakistan and sometimes on through India has become slightly less active, though the bulk of heroin seizures relating to trafficking by air and sea continues to indicate that Pakistan was being used as a trafficking route. As for trafficking trends in south-east Asia, the large increases in heroin seized in China in 1997 and 1998 seem to confirm a shift in trafficking to or through that country. The North American heroin market is supplied by south-east Asia and Latin America, particularly Colombia and Mexico.

14. The most reported trafficking methods for cocaine are by sea or by air, the latter means naturally involving smaller quantities. The only land route used to transport cocaine to the major consumer markets is through Mexico, though in terms of seizures the use of that route seems to be decreasing. However, the extent to which certain trafficking routes or transit areas are used remains unclear. Assumptions could not be confirmed, for example, as to what extent western Europe is supplied from the different source countries. Cocaine entry points in Europe may have partly shifted, as indicated by the large decreases in seizures in Portugal and Spain and by increases in the Netherlands, Turkey and eastern Europe. Seizure statistics for 1998 for the Netherlands and Turkey appear to indicate that they are increasingly used as entry points and transit countries for both cocaine and heroin.

15. Despite wide price ranges between different communities, markets and countries in the United States and western Europe, the average price of cocaine and heroin, at both wholesale and retail levels, has declined in recent years. That trend continued in 1998, though the falling price pattern appeared less distinct.

16. As with cocaine and heroin, global seizures of cannabis resin showed a renewed increase in 1998, after relative stability in 1996 and 1997. The most significant increase again occurred in the largest consumer area, western Europe (particularly in Spain). However, the two principal source regions, south-west Asia and north Africa, showed decreases, particularly in Pakistan. Cannabis herb appears to be the only main drug type for which there was no increase in global seizure volumes. The seizure level of cannabis herb has levelled off since 1995. North America continues to record about two thirds of global seizures of cannabis herb by volume.

17. Amphetamine-type stimulants continue to be a major concern in east and south-east Asia, western Europe and North America. Global seizures of stimulants have risen rapidly throughout the 1990s, markedly since 1996. Figures

for 1998 reached record levels. The global trend towards the illicit manufacture of amphetamine-type stimulants has also risen sharply since 1996. Data received on the detection of clandestine laboratories confirm that methamphetamine is manufactured, trafficked and consumed in east and south-east Asia and North America, while Europe remains the major region for the manufacture, trafficking and consumption of amphetamine and Ecstasy-type substances.

III. Illicit opium production in 1999 and potential availability of heroin to the world market

18. Global illicit production of opium increased by more than one third in 1999, reaching a record level of almost 6,000 tons. That unprecedented production peak was mostly due to the large increase in Afghanistan, which currently accounts for more than 75 per cent of world opium production. Production in Myanmar appeared to have slightly decreased in 1999, accounting for approximately 17 per cent of the global total. The level of production in other countries in Asia and Latin America remained almost negligible compared to the two main producer areas, and latest estimates indicated stable trends in 1999 (see figure 1).

19. During the 1998/99 growing season, an estimated 90,983 hectares of opium poppy were cultivated in Afghanistan.⁴ That unprecedented level of cultivation represented an increase of approximately 43 per cent over the previous season. The most significant increase was in the biggest producer province, Helmand, which is located in the south of the country, and where almost 50 per cent of the total Afghan opium originated. There was also an increase in the second largest producer region, Nangarhar, in the east of the country, which currently accounts for more than 25 per cent of the total opium production of Afghanistan.

20. An estimated 4,581 tons of opium were produced in Afghanistan in 1999. Though the originally estimated very low yield for 1998 was later revised upwards, the 1999 production peak still suggested an increase of 70 per cent between 1998 and 1999. Climatic factors had a significant impact on the two harvest periods. The year 1998 saw considerable crop damage as a result of unseasonal rains. On the other hand, weather conditions in 1999 were favourable to opium production, resulting in an improved yield.

21. Favourable weather conditions for the 1999 harvest were not the only reason for the large increase in production. The scale of cultivation also increased, though to a lesser extent than that of production. The expansion of the cultivation area was prompted by the drop in production during the previous growing season (1998), which had resulted in a financial loss for farmers. During the following planting season, the increase in prices resulting from the shortage of opium from the 1998 harvest provided a further incentive for farmers to expand the cultivation area to make up for their losses. Thus, higher prices, increased cultivation areas and conducive weather conditions were the main reasons for the enormous rise in opium production in Afghanistan in 1999.

22. If the same socio-economic and ecological conditions prevailed during the current opium-growing season in Afghanistan, a reduction in opium cultivation could be anticipated in 2000. Farmers had a profitable harvest in 1999, and opium farm-gate prices fell. That may prompt a reduction in poppy cultivation. However, the actual production level, which is also largely dependent on the weather, remains unclear.

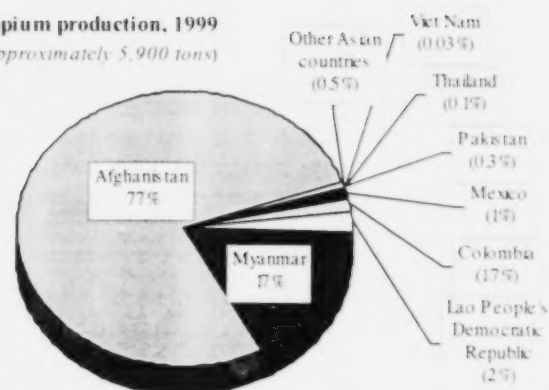
23. In 1999, fresh opium prices at harvest time ranged from the equivalent of 27 to 72 United States dollars (\$) per kilogram. The value of total opium production in Afghanistan in 1999, at farm-gate level and harvest time, was estimated at approximately \$183 million. In 1998, fresh opium was sold at between \$28 to \$91 at harvest time.

24. In Myanmar, cultivation was estimated to have decreased from approximately 130,300 hectares in 1998 to less than 100,000 in 1999. Consequently, production fell from 1,300 tons in 1998 to less than 1,000 tons in 1999.

25. The total quantity of opium produced illicitly in 1999 would be sufficient to manufacture almost 600 tons of heroin. Even with the deduction of the average quantity of seizures of opiates (opium, morphine and heroin), an unprecedented 500-530 tons of opiates (in heroin equivalent⁵) would be available to the world market. In 1998, the potential availability of heroin amounted to 360 tons (in heroin equivalent).

Figure I

Global opium production, 1999
(Total, approximately 5,900 tons)



IV. Trends in heroin trafficking

26. The following seizure trends relate to 1998 (which is the latest available reporting year based on the annual reports questionnaire) and previous years. Thus, most recent increases in opium production in 1999 could not be taken into account in presenting the latest heroin trafficking trends. In that context, seizure statistics described in the present report mostly refer to quantities seized rather than to the number of seizure cases, the latter being insufficiently reported.

27. Global seizures of heroin amounted to 33.2 tons in 1998, a slight increase over 1997 (32.6 tons) and the highest level ever reached. Though increases at the global level have been relatively small in recent years, the rising trend is continuing. The biggest increases during 1998 were reported by China, the Islamic Republic of Iran, the Netherlands, Turkey and several countries in eastern Europe. By contrast, particularly large decreases were recorded by India and Pakistan.

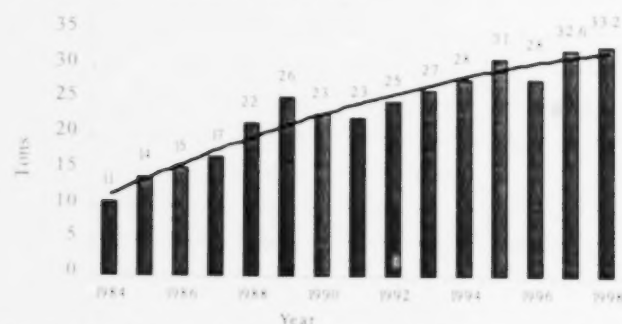
28. The global interception rate is calculated as a percentage share of all recorded opiate seizures (relating to opium, morphine and heroin) when considered against the total assessed production figure for the year. In 1998, the rate climbed to an unprecedented level of 17 per cent (an increase in seizures together with a slight decrease in opium production). Generally, the interception rate for opiates ranges between 10 and 15 per cent.

29. Data on methods of transportation used for trafficking of opiates seem to explain why the interception

rate for opiates should be lower than that for cocaine. The bulk of opiates continues to be transported by road and generally involves smaller quantities than sea freight. In 1998, almost 80 per cent of heroin seizures appeared to relate to trafficking by road (where data on means of transportation were available). Air and sea transportation each accounted for roughly 10 per cent, while trafficking by rail and mail systems was insignificant in terms of quantities smuggled, though the number of seizures relating to trafficking by mail seemed to have risen. The largest quantities involving road transport were reported from the Islamic Republic of Iran and Turkey, while seizures relating to air and sea occurred primarily in India, Pakistan and Thailand.

30. The volume of heroin seized globally was less than 10 tons in the early 1980s, but increased to 25 tons by the end of that decade. That level seemed to be generally maintained during the early 1990s (when seizures remained stable in Asia while continuing to rise in Europe and North America. The middle and late 1990s have, however, seen new rises, reaching more than 30 tons in recent years. Increases have been particularly notable in Asia and, to a lesser extent, North America. In Europe, annual seizures remained stable (around 10 tons) between 1994 and 1997, but showed a renewed increase in 1998 (13.6 tons) (see figure II).

Figure II.
Global heroin seizures, 1984-1998



Source: Annual reports questionnaires and other sources

31. In south-west Asia and neighbouring subregions, the countries that continue to report the biggest quantities of heroin seizures, and that together account for approximately 40 per cent of the global seizure volume, include India, the Islamic Republic of Iran, Pakistan and Turkey. In 1998, seizures in the Islamic Republic of Iran and in Turkey increased significantly, reaching record levels in both countries (2.9 and 4.7 tons, respectively). In addition, seizures of morphine in the Islamic Republic of Iran, which accounts for more than 90 per cent of the global volume, also increased considerably during that year. Heroin seizures in India and Pakistan, however, decreased substantially in 1998, reaching their lowest levels for many years (0.6 and 3.4 tons, respectively).

32. The seizure trends described above indicate that the trafficking route following the western direction and bringing drugs from Afghanistan through the Islamic Republic of Iran and Turkey remains the dominant route for the transportation of opiates from the region of the Golden Crescent to western Europe, mainly via the traditional Balkan route and its various subsidiaries. The southern direction, via Pakistan and India, seems to have become secondary, though Pakistan formerly recorded by far the biggest seizure quantities worldwide (see figure III).

33. The apparent shift away from the use of the southern direction, via Pakistan, might result from the opening-up in recent years of the route involving the "northern direction", via States of central Asia, which have been exposed to increased drug trafficking in recent years. Though seizures remain relatively low in those States,

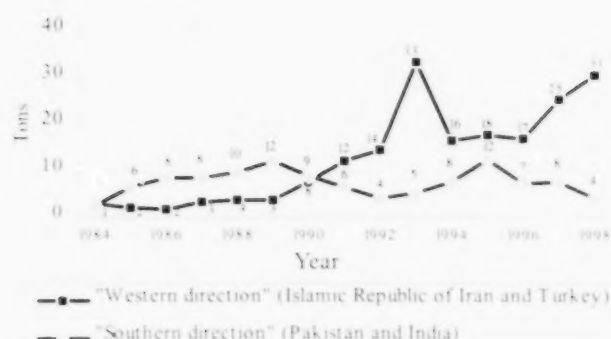
some available data indicate intensified trafficking activity in the subregion. Turkmenistan, for example, recorded 0.5 tons in 1998 and 1.9 tons in 1997. Uzbekistan and Tajikistan also recorded increases in 1998, reaching 200 and 270 kilograms, respectively. Heroin seizures in Kazakhstan and Kyrgyzstan, however, have remained low. In that context, it seems likely that the western and northern directions, as described above, are connected, perhaps through the border between the Islamic Republic of Iran and Turkmenistan and the route of access (via the countries in the region of the Caucasus) to Turkey. Thus, the increase in seizures along the western route (in the Islamic Republic of Iran and Turkey) may now also be related to its links with States of central Asia, notably Turkmenistan.

34. Other countries in the Near and Middle East and in south-west Asia that reported heroin seizures in 1998, in quantities ranging from 20 to 140 kilograms, included Israel, Jordan, Kuwait, Saudi Arabia, the Syrian Arab Republic and the United Arab Emirates.

35. In south Asia, the only country other than India that regularly recorded heroin seizures was Sri Lanka. Seizures in that country, though at a relatively low level, have slightly increased in recent years, amounting to 57 kilograms in 1998.

36. In east and south-east Asia, the most marked increase with respect to heroin seizures was noted in China, which consistently increased its seizures in recent years to a record level of 7.4 tons in 1998. China currently accounts

Figure III.
Heroin and morphine seizures by
trafficking route, 1984-1998



Sources: Annual reports, questionnaires,
and other sources

for more than 80 per cent of total heroin seizures in east and south-east Asia. Annual seizures in Thailand have concerning a northward shift of trafficking from Myanmar, across its border with China, rather than through Thailand been of the order of 0.5 tons since 1995, although previously between 1 and 2 tons were generally seized. Such data further confirm reports received in recent years.

37. Heroin seizures by Myanmar, which climbed to 1.4 tons in 1997, fell back in 1998 to 0.4 tons, the average level of previous years. Other countries in the subregion that recorded seizures of between 30 and 300 kilograms in 1998 included, in the order of quantities seized, Malaysia, Singapore, Viet Nam and Indonesia.

38. Interceptions in Australia were relatively high in 1997 and 1998, totalling roughly 300 kilograms, compared to previous levels that ranged between 50 and 250 kilograms. This is in line with the small increase in consumption reported by the country.

39. Despite the fact that a record number of annual reports questionnaires were received from African countries in 1998, total quantities of reported heroin seizures in that region remained low. That may, however, be less a reflection of the true heroin trafficking and consumption picture in the continent, than of the current capacities of many of its national drug control agencies.

40. Heroin seizures in Europe showed a renewed increase in 1998, after a relatively stable trend between

1994 and 1997. This increase was mainly due to Turkey, the Netherlands and several countries in central and eastern Europe. Countries in that subregion that recorded relatively high volumes of seized heroin in 1998 included the Czech Republic, Hungary and Romania, as well as the Russian Federation.

41. Western Europe accounts for one third of global heroin seizures by volume. Though seizures in many western European countries have declined in recent years, the enormous amount seized in the Netherlands in 1998 outweighed that trend. Seizures in the Netherlands, like elsewhere in western Europe, had been generally decreasing until 1997, when they amounted to less than 200 kilograms, but they climbed to 2.1 tons in 1998. Other countries in western Europe, such as Germany, Italy and Spain, showed a slight decrease in the volume of heroin seized in recent years, particularly in 1997 and 1998. Recent declines were also observed in France and Belgium.

42. A rising trend is observed in Turkey and in various countries of western Europe, including the United Kingdom of Great Britain and Northern Ireland and, to a lesser extent, Switzerland. The United Kingdom recorded an annual average of 600 kilograms between 1990 and 1994, more than 1 ton in both 1995 and 1996 and more than 2 tons in 1997. In 1998, however, seizures (according to preliminary figures) dropped to 1.3 tons. Seizures continue to rise in the Nordic countries. Levels of heroin

seizures in Austria and Greece have slightly fluctuated throughout the 1990s, though showing a rising trend in Austria since 1995.

43. The somewhat differing trends in western European countries may partly be related to political changes with regard to border control. Countries that appear to be major European entry points, such as Turkey or the Netherlands, or those that are outside the Schengen area, such as the United Kingdom and Switzerland, seem to record high volumes and/or rising trends, while elsewhere decreases have been recorded. In general, however, the total quantities seized in western Europe have been relatively stable in recent years (matching trends in consumption), and even increased in 1998. The exception might be the Nordic countries, which seem to have experienced continued increases in both consumption and seizures in recent years.

44. In the Americas, seizures of heroin continue to rise, totalling 2.1 tons in 1998, as compared to 1 ton at the beginning of the 1990s and half a ton during the mid-1980s. The United States, which on average accounts for 75 per cent of the regional seizure level, recorded 1.6 tons in 1998, which was only marginally higher than in the previous year, but which maintained the consistent rise since the 1980s. Seizures in Mexico declined in 1997 and 1998, while those in Colombia increased. That seems to confirm reports in recent years that the heroin available in the Americas increasingly originates in Colombia. However, the percentage share of heroin from American source countries available in North American markets, as compared to that from south-east Asia, remains unclear. The only other countries in the region that recorded heroin seizures in 1998, though in relatively small quantities, include, in the order of volume seized, Ecuador, Argentina and Canada (see figure IV).

45. Heroin prices,⁸ which were falling in both the United States and western Europe over the past decade, continued to show a slight downward trend in 1998. Patterns of decline were more or less similar at retail and wholesale levels in recent years. Thus, price differences between western Europe and the United States, as well as between wholesale and retail levels, remained more or less unchanged. In addition, western Europe saw a closing of the gap in average prices between countries, in particular because of price reductions in some countries with previously high levels (resulting from their rather small heroin markets, for example, in the Nordic countries) and a stable or slight increase in prices in other countries (see figure V).

V. Illicit production of coca leaf in 1999 and potential availability of cocaine to the world market

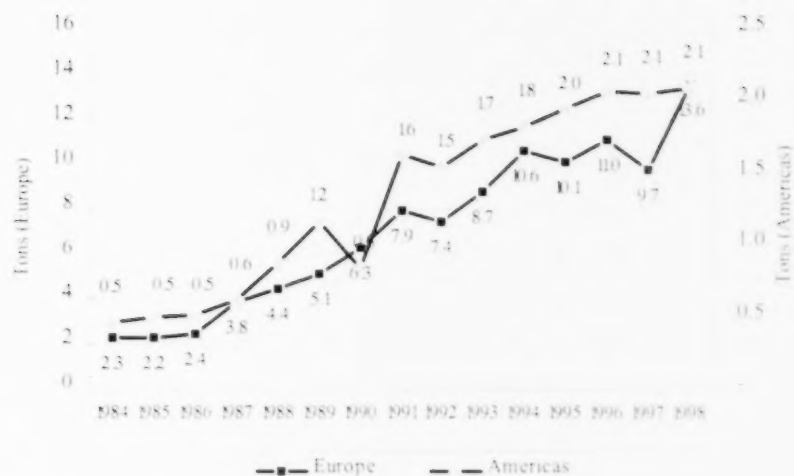
46. Information available to UNDCP on the extent of illicit production of coca leaf is less accurate than that on opium production because of the current absence of reliable surveys on some major source countries (such as the UNDCP *Annual Opium Poppy Survey* for Afghanistan). Thus, a certain margin of error should be allowed for in the following information, which summarizes estimates available from various other sources.

47. Cultivation areas and resulting illicit production of coca leaf declined in Peru throughout the 1990s and in Bolivia mainly in the late 1990s. At the same time, however, cultivation and production increased in Colombia. As a result, total annual world cocaine manufacture remained relatively stable throughout the decade, at around 900 tons. Fluctuations at the global level were only minor, with a peak in 1992-93, followed by a slightly lower production level between 1994 and 1996, but a slight increase in recent years.

48. In 1999, total illicit cocaine manufacture in Colombia was estimated at approximately 580 tons, representing an increase from the level of 1998, when the Government of Colombia reported a total of 560 tons.⁹ In Peru, eradication efforts were increasingly strengthened throughout the decade, resulting in significant reductions in cultivation and production. In 1999, however, large abandoned areas of former cultivation were reactivated because of an increase in farm-gate prices of dried coca leaf.⁵ Thus, the final level of coca leaf production in 1999 was estimated to have remained relatively stable compared to the previous year, and the potential production level of cocaine was approximately 240 tons. Farm-gate prices in Bolivia were also rising, yet production seemed to have declined by almost 50 per cent in 1999 compared to 1998. Total illicit manufacture of cocaine in Bolivia was estimated at 90 tons in 1999 (see figures VI and VII).

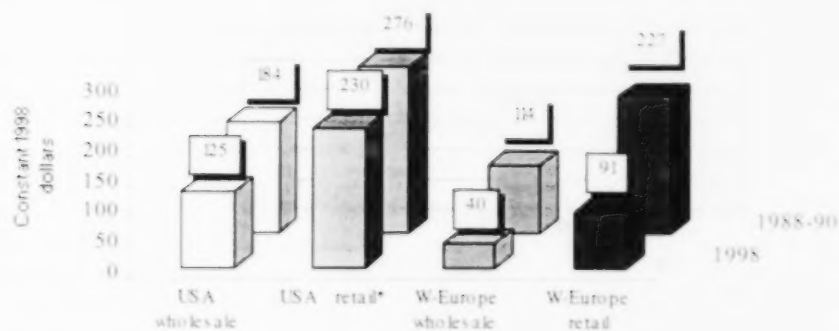
49. As indicated above, farm-gate prices for coca leaf as well as coca base prices seem to have risen in all three source countries in 1999, perhaps because of shortages of cocaine due to eradication efforts. In Bolivia, for example, prices per kilogram of coca leaf ranged between \$1.5 and \$4.5 at the beginning of 1999 and between \$4.4 and \$7.2 in October of that year.⁶

Figure IV.
Heroin seizures in Europe and
the Americas, 1984-1998



Sources: Annual reports questionnaires
and other sources.

Figure V.
Average wholesale and retail prices of heroin in the United
States and western Europe, 1988 and 1998
(Inflation-adjusted dollars per gram)

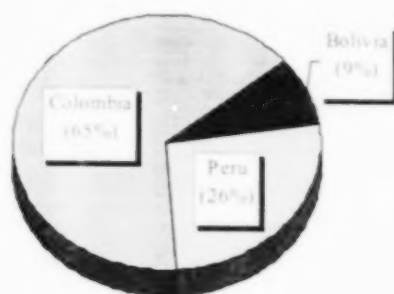


Sources: Annual reports questionnaires and other sources.
*United States retail data for 1998 refer to 1997.

Figure VI.
Level of illicit manufacture of cocaine
in 1999 compared to 1993



Figure VII.
Global illicit manufacture of cocaine, 1999
(Total approximately 900 tons)



50. It is estimated that the annual potential availability of cocaine to the world market in the 1990s was between 550 and 600 tons (after deduction of a total of 325 tons, the average seizure volume per year, from the total annual production figure of around 900 tons). Thus, the global interception rate for cocaine was generally about one third of the production level.

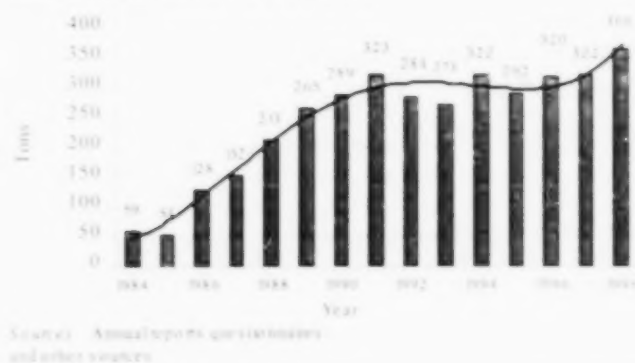
VI. Trends in cocaine trafficking

51. Global seizures of cocaine reached a record level in 1998. Total quantities intercepted climbed to more than 765 tons, a 20 per cent increase over the relatively stable figure that prevailed throughout the 1990s, when seizure levels fluctuated between roughly 280 and 320 tons. That increase, however, was mainly attributable to a large seizure volume in only one country, namely Colombia, while all other regions recorded relatively small changes in 1998 (see figure VIII).

52. Because of the high seizure volume in 1998, the global interception rate was estimated at approximately 40 per cent, a figure significantly above the usual one third of the total production level.

53. Unlike the methods used in the case of opiates, which are primarily trafficked by road, the most commonly used transportation methods for cocaine smuggling continue to be by sea and air. From data available concerning modes of transportation (which, unfortunately, largely exclude the United States), more than 50 per cent of the cocaine seized in 1998 is estimated to have been trafficked by sea, almost 30 per cent by air, and less than 20 per cent by road. About 1 per cent of the total quantities intercepted involved trafficking by mail. In the absence of detailed data from the United States, it is estimated that Colombia accounted for one third, and Spain for approximately 15 per cent, of the seizure volumes relating to sea and air transportation.

Figure VIII
Global cocaine seizures, 1984-1998



54. Seizures in Colombia doubled from an annual average 50 tons in previous years to more than 100 tons in 1998. As indicated above, that increase was the only significant change reflected globally. Quantities intercepted in Peru have been slightly decreasing in recent years, while those in Bolivia have shown stable trends. Each of the countries concerned seized about 10 tons of cocaine in 1998. Other countries in South America that continue to report relatively large seizure quantities (between 1.8 and 6.6 tons) include, in the order of volume seized, Brazil, Ecuador, Chile and Argentina.

55. In the United States, a total of 120 tons was seized in 1998, which is the average level of recent years, except for 1997, when only 95 tons were seized. While seizures in the United States have remained stable, those in Mexico and Canada have decreased in recent years, to 22 and 0.5 tons, respectively.

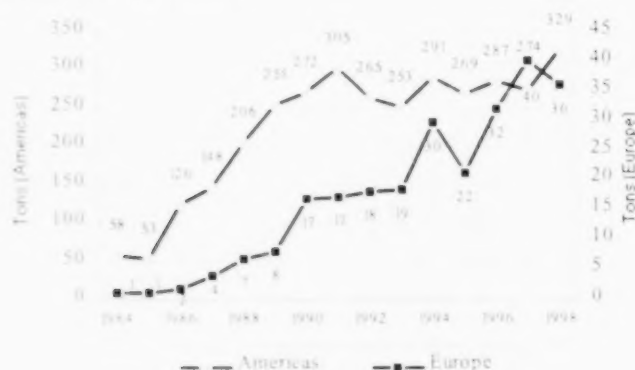
56. Countries and territories in the Caribbean that recorded relatively large seizures in 1998 (between 1 and 3 tons) included the Bahamas, the Cayman Islands, the Dominican Republic and, for the first time, the Turks and Caicos Islands. In Central America, total seizure quantities of between 5 and 12 tons were recorded in Costa Rica, Guatemala, Nicaragua and Panama.

57. Cocaine seizures in western Europe rose consistently throughout the decade, reaching 38 tons in 1997. In 1998, however, seizures for the first time slightly declined. Though a one-year change cannot of itself be said to signal the reversal of a trend, past forecasts of a coming cocaine epidemic in Europe might prove unfounded although the

latest available data of 1999 indicate a large increase in some countries in western Europe. At the country level, the most significant changes during 1998 were a decrease in Spain and an increase in the Netherlands, both of which seized about 11 tons and together accounted for two thirds of the seizure volume for western Europe as a whole. The large increase in the Netherlands, however, could not offset the decrease in Spain, the latter being primarily responsible for the peak recorded in 1997. Seizures also decreased in Portugal, but increased in the United Kingdom. Other countries in the region that regularly record relatively large seizures, such as France, Germany and Italy, did not report any major changes compared to previous years. Cocaine seizures in Turkey, however, increased significantly, while remaining at a lower level (0.6 tons). That reflects an interesting similarity to heroin seizure trends in western Europe, which were likewise characterized by large increases in the Netherlands and Turkey.

58. In recent years, relatively large seizures were reported by a number of countries in eastern Europe, such as Bulgaria and Ukraine in 1998 and Croatia, Romania and Ukraine in 1996 or 1997. The increased seizures in Turkey and eastern Europe may indicate new European entry points and trafficking routes, with vessels carrying consignments using ports in the Baltic and in the eastern Mediterranean and the Black Sea (see figure IX).

Figure IX
Cocaine seizures in Europe and
the Americas, 1984-1998



Source: Annual reports, questionnaires and other sources.

59. In Africa, regular cocaine seizure data have been recorded mainly in South Africa, which registered a rising trend throughout the 1990s. More than 600 kilograms were seized in that country in 1998, a significant increase over previous years. Seizures in Nigeria, which were relatively high during the early 1990s, have fallen to a minimum. Data from other countries are not available on a regular basis.

60. In the Near and Middle East, cocaine is seized mainly in Israel and Lebanon. The former intercepted a total of 100 kilograms in 1998, its highest recorded level, while the latter seized smaller quantities in 1997 and 1998 compared to previous years. In east Asia, small seizures of cocaine continue to be reported by Japan.

61. Cocaine prices⁶² fell during the 1990s in the two major consumer markets, the United States and western Europe. The largest decline occurred in the United States, however, during the 1980s, while during the 1990s the downward trend lost momentum, with prices becoming more or less stable in the late 1990s. That seems to suggest that the cocaine market in the United States became generally more stable during the 1990s, with supply equalling demand (which is also reflected in the seizure statistics). Cocaine prices in western Europe also showed a continued decline. Though price levels still vary significantly from country to country, the latest data reveal that the price differences are becoming smaller, reflecting a European unification process that also affects the cocaine

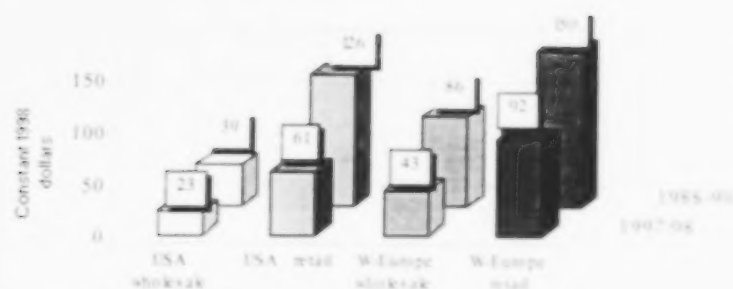
market. The most significant price decline in 1998 occurred in countries characterized by rather small sales but high prices, such as the Nordic countries. Average cocaine prices in other countries showed a somewhat smaller decline in 1998 (for example, in Austria, Belgium, Luxembourg, Portugal and Switzerland), or remained stable (for example, in Ireland, Germany and Spain) while only two countries reported slight increases (France and the United Kingdom). Some countries, however, recorded a stronger price fall in previous years (for example, in Germany). In general, prices at wholesale levels showed a pattern of decline similar to average prices at the street or retail level during the 1990s, in both the United States and western Europe (see figure X).

VII. Trends in trafficking of cannabis resin

62. Cultivation and wild growth of the cannabis plant is widespread on all continents. However, the main sources of cannabis resin continue to be Morocco and countries in south-west Asia, particularly Pakistan.

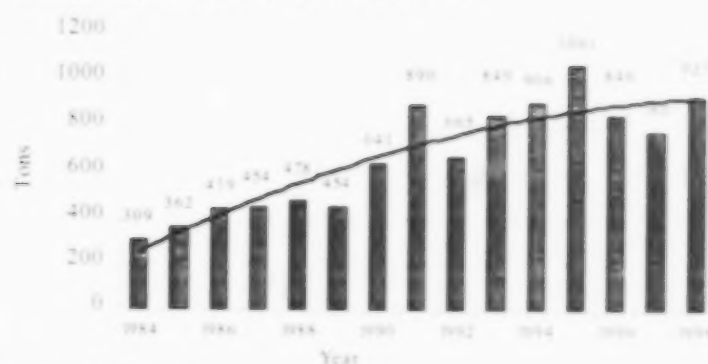
63. Global seizures of cannabis resin, which had appeared to be rising over many years, declined in 1996 and 1997. Seizures increased again in 1998 to about 927 tons, the second-highest seizure total ever recorded at the global level (after the 1,100 tons seized in 1995).

Figure X.
Average wholesale and retail prices of cocaine in the United States and western Europe, 1988 and 1998
(Inflation-adjusted dollars per gram)



Source: Annual reports, questionnaires and other sources.

Figure XI.
Global seizures of cannabis resin, 1984-1998



Source: Annual reports, questionnaires and other sources.

Particular changes in 1998 were noted in western Europe, which accounts for the bulk of seizures, Pakistan and, to a lesser extent, Morocco. While Western Europe, the primary consumer area, showed a large increase in 1998, seizures decreased in Morocco and particularly Pakistan, the two main source countries (see figure XI).

64. Seizures in western Europe have reflected a steady rise since the 1980s, and were particularly high in 1998, reaching a record level of 734 tons. Thus, the share of the region in the global seizure volume continuously increased

from about one third during the early 1990s to almost 80 per cent in 1998. Seizure statistics in western Europe suggest a continued increase in the abuse of cannabis resin in the region, as reported in recent years.

65. Countries in western Europe primarily responsible for the large seizures in 1998 were Spain and, to a lesser extent, France, the Netherlands, Portugal and the United Kingdom. Seizures in Spain have risen steadily over the course of many years, reaching 430 tons in 1998. Seizures by Spain steadily increased from one third of the total in

western Europe in the early 1990s to almost 60 per cent in 1998, when Spain also accounted for 46 per cent of global seizures by volume. Preliminary data from the United Kingdom indicate a total of 86 tons seized, which is lower than in 1997 but higher than in previous years. The Netherlands recorded a total of 70 tons and Portugal and France 50 tons each, which is in line with their seizure levels in previous years. Seizures in Italy (15 tons), Germany (6 tons) and Denmark (1.6 tons) continued to show relative stability in recent years. Seizures in Belgium declined considerably in 1998, while those in Norway and Switzerland slightly increased.

66. In eastern Europe, total seizures of cannabis resin have been fluctuating in recent years between 1.5 and 17 tons. In 1998, a total of 9 tons was intercepted, the bulk being in the Ukraine and the remainder in the Russian Federation and the former Yugoslav Republic of Macedonia.

67. Pakistan, a major source of cannabis resin, recorded a decline in seizures in 1997 and an even bigger decline in 1998, when the total of 0.5 tons seized represented the lowest level recorded by the country since 1984. Seizure data from the Islamic Republic of Iran, which were generally significant (over 10 tons), were not yet available for 1998. The other country in the Near and Middle East to have recorded significant quantities in 1998 was Lebanon (2.5 tons); seizures in Israel and Jordan have fallen in recent years to almost negligible amounts. In south Asia, India and Nepal intercepted relatively large quantities (8 and 3 tons, respectively). States of central Asia recorded a peak of 22 tons, all of which was intercepted in Turkmenistan. Those trends in south and central Asia do not, however, enable any conclusion to be drawn as to whether they are short-term fluctuations or a possible indication of a shift in trafficking and production towards central Asia.

68. The bulk of cannabis resin seizures in Africa are made in Morocco. Seizures have, however, decreased in recent years (though not as much as in Pakistan), amounting to 55 tons in 1998. Other countries in north Africa recording seizures of cannabis resin included Algeria (1.2 tons), Tunisia (800 kilograms), Egypt (83 kilograms) and the Libyan Arab Jamahiriya (470 kilograms).

69. In east and south-east Asia, cannabis resin remains insignificant. The only country regularly recording seizures remains Japan, where the quantities intercepted, though remaining small, have increased in recent years,

reaching 200 kilograms in 1998. Viet Nam recorded 380 kilograms during that year.

70. In the Americas, cannabis resin continues to be primarily available in Canada. Seizures there, which have declined in recent years, amounted to 16 tons in 1998. Colombia and Trinidad and Tobago recorded 2.7 tons each. Data from the United States are not available for 1998.

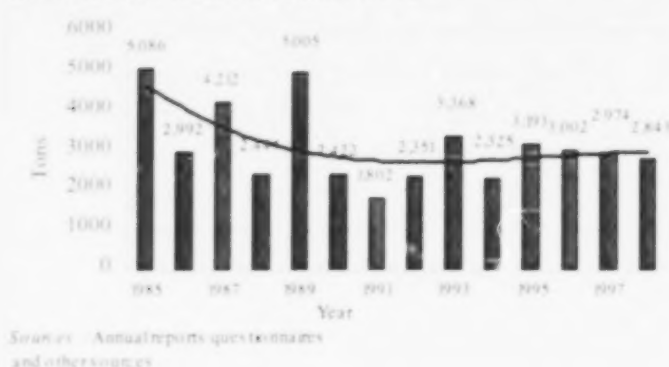
71. Cannabis resin is primarily trafficked by sea and road, both modes accounting for roughly 50 per cent of the total seizure volume in 1998 (as far as data were available on means of transportation). Seizures involving sea transportation were mainly recorded by Spain, followed by a number of other European countries, Morocco and Pakistan. In addition, Canada recorded relatively large interceptions. Road transportation was mainly involved in cannabis resin seizures made in Europe, Islamic Republic of Iran, Morocco and Pakistan.

VIII. Trends in trafficking of cannabis herb

72. Illicit cultivation and wild growth of cannabis continue to be widespread, occurring in all continents, particularly in some countries in Africa, central Asia, south-east and south-west Asia, Latin America and the Caribbean. Estimates with regard to the extent of production of cannabis herb at the country level or worldwide remain unclear. In addition, indoor cultivation of cannabis with a high content of tetrahydrocannabinol using hydroponic technologies is of rising concern in countries in Europe and North America.

73. Annual seizures of cannabis herb, which fluctuated widely at the global level during the 1980s and early 1990s, seem to have levelled off at, or slightly decreased to, approximately 5,000 tons since 1995. Total quantities intercepted in 1998 amounted to 2,850 tons, two thirds of which was recorded in North America. Fluctuations in the years prior to 1995, ranging from 1,800 to 5,100 tons, were mainly due to exceptionally large seizures in southern Africa and South America, both of which have recorded relatively small quantities in recent years (see figure XIII).

Figure XII.
Global seizures of cannabis herb, 1984-1998



74. Mexico and the United States account for most of the seizures made in North America. The former recorded large increases in seizures in 1995 and 1996 and relatively stable levels in recent years, amounting to more than 1,000 tons annually. The latter had followed a similar trend (though seizures are slightly lower than in Mexico), but surged to 800 tons in 1998.

75. Seizure statistics for cannabis herb reflect the global availability of the drug, with a number of regions and subregions around the world recording relatively high volumes. In 1998, quantities seized in Europe, South America and southern Africa amounted to 230 tons each. Seizures in South America and southern Africa were relatively stable in recent years, though lower than previously. European seizures as a whole had been increasing until the mid-1990s. Since then, however, they have declined in western Europe but risen in eastern Europe. Interceptions in Asia have ranged between 100 and almost 300 tons in recent years.

76. Countries that recorded particularly high quantities of seizures of cannabis herb in 1998 include, in the order of volume seized, Mexico, the United States and, to a lesser extent, South Africa (197 tons), Paraguay (80 tons), Colombia (70 tons), India (62 tons) and the Netherlands (55 tons). Together, those countries accounted for more than 80 per cent of global seizures in 1998.

77. Data with regard to transportation methods were insufficiently reported, particularly by countries in the Americas. The available data, however, show that the trends of recent years have been maintained, with

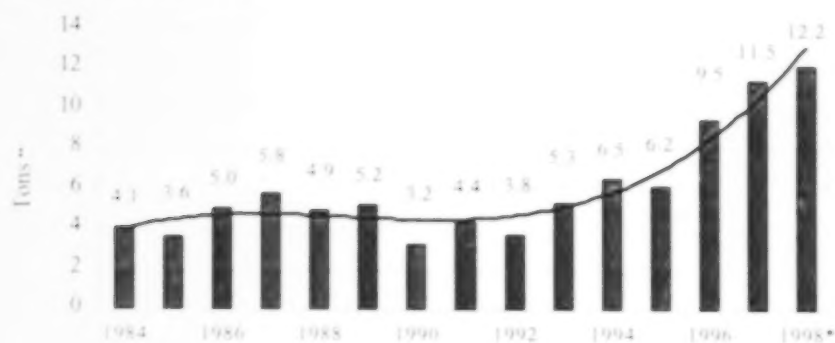
approximately 50 per cent of seizure volumes relating to sea transportation and the other half to road use.

IX. Manufacture and trends in trafficking of psychotropic substances

78. Amphetamine-type stimulants continue to be a major concern in east and south-east Asia, western Europe and North America. Seizures of "stimulants" (mainly amphetamine-type stimulants, excluding the Ecstasy-type substances) rose significantly throughout the 1990s, both globally and in each of the above-mentioned regions. On an assumption of stable seizures in the United States in 1998 (data in respect of which are not yet available), the global seizure volume would appear to have continued to rise to more than 12 tons during that year. The annual seizure level, which was roughly 4 tons throughout the 1980s and at the beginning of the 1990s, started to rise in 1993-94 and reached a crucial point in 1996, when seizures began to escalate, particularly in east and south-east Asia and western Europe. The steeply rising trend since 1996 is also reflected in statistics relating to the detection of clandestine laboratories (see figures XIII and XIV).

79. The largest increase in the volume of stimulants seized in 1998 occurred in east and south-east Asia, which accounted for more than 40 per cent of the global seizure volume for that year. The region has experienced a

Figure XIII
Global seizures of stimulants, 1984-1998

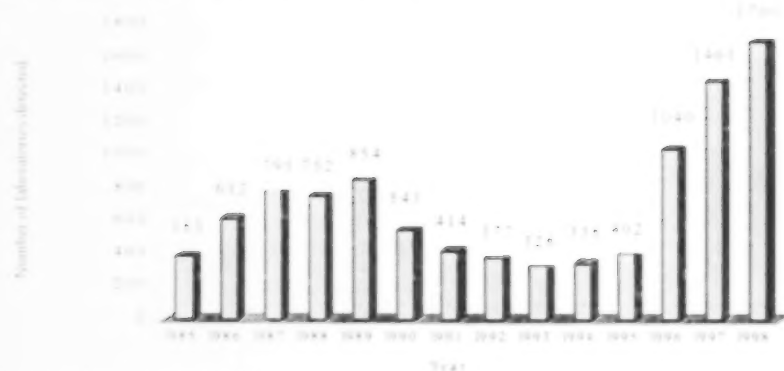


Sources: Annual reports questionnaires and other sources.

*Data reported in units have been converted at a rate of 1 unit = 10 mg.

**Including 1997 figures for the United States.

Figure XIV
Number of detected laboratories manufacturing
amphetamine-type stimulants,* 1985-1998



Sources: Annual reports questionnaires and other sources.

*Including amphetamine, methamphetamine and Ecstasy-type substances.

significant increase in the manufacture, trafficking and abuse of amphetamine-type stimulants, particularly methamphetamine. Since 1995, annual seizure trends have increased sharply, from an average of 1.5 tons in the early 1990s to 5.2 tons in 1998. In 1997 and 1998, Thailand recorded the largest seizure of stimulants by volume in the region, followed by China. Together, they accounted for approximately 80 per cent of the interceptions made. Both

countries also had particularly high seizures in previous years. Though at a slightly lower level, seizures in Japan have also increased since 1996. The Philippines recorded relatively large seizures in 1996 and 1997, but that trend has not continued. Seizures reported from the Republic of Korea are much lower, and have remained relatively stable in recent years.

80. In east and south-east Asia, manufacturing activities—of which the number of detected clandestine laboratories serves as an indirect indicator—continue to focus on methamphetamine. China reported a large number of detections of clandestine laboratories in 1995 and 1996, but no report was received for 1997 and 1998. Thailand reported many detections of methamphetamine laboratories in 1997 and 1998. The Republic of Korea continues to detect 2 to 4 laboratories per year, though nothing was reported for 1998. Despite the incomplete availability of clandestine laboratory statistics, it is assumed that illicit manufacture of methamphetamine in east and south-east Asia has reached a high level. Moreover, the criminal groups involved in its manufacture and trafficking often seem to be the same as those involved in the illicit heroin trade.

81. In western Europe, a similar increase in seizures of stimulants has been noted in recent years. Total annual interceptions rose from just above 1 ton at the beginning of the 1990s to 4.8 tons in 1998. The bulk of the seizures of stimulants was regularly recorded by the United Kingdom. However, while a rapidly rising trend was observed throughout the 1990s, preliminary figures for 1998 showed a decrease in that country. During 1998, enormous quantities seized in the Netherlands contributed to an overall continued rise in western Europe. The Netherlands and the United Kingdom together accounted for two thirds of the stimulants seized globally in 1998. Rising trends in recent years and relatively large seizures in 1998 were also recorded in Belgium, Germany, Norway and Spain. Seizures in France and Sweden, however, which had also been rising over a longer period, slightly decreased in 1998.

82. It is amphetamine, rather than methamphetamine, that is mostly manufactured, trafficked and consumed in western Europe, as reflected in statistics on detection of clandestine laboratories. Most detections of illicit amphetamine laboratories have been reported in Germany and the United Kingdom in recent years, whereas previously, such detections were also reported by the Netherlands. Substances of the Ecstasy group are also manufactured in western Europe. Data on laboratory detections involving that drug group were mostly received in recent years from Belgium, Germany, Spain and the United Kingdom.

83. In eastern Europe, the illicit manufacture of methamphetamine seems to be rising most noticeably. The Czech Republic reported the detection of a large number of laboratories manufacturing that drug type throughout the 1990s. In addition, Ukraine detected several clandestine laboratories manufacturing methamphetamine in 1998, and reported the manufacture of Ecstasy-type substances. Illicit amphetamine laboratories in eastern Europe were mainly found in Bulgaria, Poland and the Baltic States in recent years. Poland has been recording regular seizures of increasing quantities, amounting to 50 kilograms in 1998. Seizures during that year were also reported by Hungary, Slovakia, Ukraine and the Baltic States.

84. In North America, seizures of stimulants were almost exclusively recorded in the United States, for which data are not yet available for 1998. During that year, seizures in Canada and Mexico increased, though remaining very small compared to those usually made in the United States. Statistics on illicit manufacture of amphetamine-type stimulants also mainly involved the United States, which by far exceeds all other countries in terms of the number of laboratories detected, mainly for the manufacture of methamphetamine. Detection of clandestine laboratories has increased significantly in the United States since 1996, with another large increase in 1998.

85. Egypt recorded very large seizures of stimulants during the 1980s, amounting to 2 tons on average per year, but interceptions decreased to negligible amounts during the 1990s. The other African country recording regular seizures of stimulants in recent years was Nigeria, which reported more than 300 kilograms in 1997 (data for 1998 are not yet available).

86. Several countries in the Near and Middle East recorded some seizures of stimulants in recent years, though quantities remained low. They included Saudi Arabia and, to a lesser extent, Kuwait and the Syrian Arab Republic.

87. Annual statistics on the seizure of stimulants in Australia, which were above 600 kilograms during the mid-1990s, have decreased in recent years, falling to 180 kilograms in 1998.

88. Apart from some fluctuations, seizures of other psychotropic substances, such as depressants and hallucinogens, have shown little change in recent years, at both the global and the national levels. One exception is Nigeria, which recorded large seizures of depressants in 1996 and 1997 (though no reports were received for 1998).

As for the hallucinogen group, which includes the Ecstasy-type substances, seizures continue to be recorded mainly in western Europe, North America and south-east Asia, which corresponds to the three main markets for amphetamine-type stimulants. Seizures of lysergic acid diethylamide (LSD), which were relatively high in the early 1990s, as well as in 1996 and 1997, declined in 1998. LSD continues to be available, mainly in North America, western Europe and, to a lesser extent, Asia. Methaqualone seizures had been rising rapidly until the mid-1990s, but have declined since 1996. As in the past, the bulk of interceptions in 1998 were made in India and the remainder in South Africa.

X. Reports of the subsidiary bodies of the Commission

89. Following the forty-second session of the Commission, two meetings of its subsidiary bodies were held in 1999. The Ninth Meeting of Heads of National Drug Law Enforcement Agencies (HONLEA), Latin America and the Caribbean, was held in Santiago, from 22 to 26 November 1999 and the Twenty-third Meeting of Heads of National Drug Law Enforcement Agencies, Asia and the Pacific, was held in Bangkok, from 7 to 10 December 1999.

90. Each meeting, following a review of salient drug trafficking trends and regional and subregional cooperation, addressed drug law enforcement issues of priority concern for the region concerned. Consideration of those issues was facilitated by the discussions that took place during the informal meetings of working groups established for that purpose. The Ninth Meeting of HONLEA, Latin America and the Caribbean, considered the following issues: (a) measures to combat money-laundering; (b) measures to improve the interdiction efforts of law enforcement agencies through an integrated approach to risk assessment, profiling of freight, travellers and transport; and (c) countering corrupt practices within drug law enforcement agencies and improving their effectiveness through the development of good practice, integrity and the conditions of service of drug law enforcement personnel. The Twenty-third Meeting of HONLEA, Asia and the Pacific, examined the following topics: (a) illicit manufacture and distribution of stimulants; (b) illicit trafficking of heroin; and (c) illicit traffic via the mail systems.

91. The recommendations adopted are to be implemented at the national level by the law enforcement agencies attending the meetings. It is the practice of the subsidiary bodies to review the implementation of the recommendations on a biennial basis, with the exception of HONLEA, Europe, which is convened on a triennial basis.

92. The recommendations are contained in the reports of the meetings of the subsidiary bodies, (UNDCP/HONLAC/1999/5 and UNDCP/HONLAP/1999/6). Although the follow-up to the recommendations lies within the competence of the subsidiary bodies, the recommendations presented below, given their specific linkages to the outcome of the twentieth special session of the General Assembly, are brought to the attention of the Commission.

A. Recommendations of the subsidiary bodies

1. Measures to combat money-laundering

93. States are requested to establish and strengthen their cooperation mechanisms, both bilaterally and regionally, with a view to coordinating activities among the institutions engaged in combating money-laundering offences. States are also urged to improve their use of the investigatory techniques employed by supervisory bodies, with a view to tracing suspicious transactions constituting money-laundering offences.

94. States should take steps to organize international forums or seminars, for government officials responsible for the prevention and control of money-laundering, on new trends in the diversion of money or securities, the evaluation of settings and the definition of joint strategies. Collaboration should be promoted between financial institutions and bodies responsible for the control and prevention of money-laundering, with a view to facilitating the detection of suspicious transactions.

95. The measures against money-laundering adopted by the General Assembly at its twentieth special session should be implemented or strengthened, in particular with regard to the undertaking to promulgate legislation and establish national programmes to counter money-laundering by the year 2003.

2. Measures to improve the interdiction efforts of law enforcement agencies through an integrated approach to risk assessment, profiling of freight, travellers and transport

96. States should develop cooperation projects closely linked to relevant areas of the private sector, upgrade and intensify communication between law enforcement agencies at the regional level, and strengthen the opportunities for the interchange of intelligence data.

3. Countering corrupt practice within drug law enforcement agencies and improving their effectiveness through the development of good practice, integrity and the conditions of service of drug law enforcement personnel

97. States that have not yet done so should establish mechanisms for the internal monitoring of the conduct of personnel responsible for drug control and establish a code of professional ethics for officers engaged in combating drug trafficking. Consideration should be given to the recommendations contained in the Seoul Declaration, adopted by the General Assembly of the International Criminal Police Organization in November 1999.

4. Illicit manufacture and distribution of stimulants

98. To ensure their compliance by 2003, the target date set by the General Assembly at its twentieth special session, States should implement the provisions contained in the Action Plan against the Illicit Manufacture, Trafficking and Abuse of Amphetamine-type Stimulants and Their Precursors (resolution S-20/4 A), and establish procedures for the rapid and timely exchange of information related to the verification of parties engaged in commercial transactions of chemicals and their precursors used in the illicit manufacture of amphetamine-type stimulants.

99. Signature analysis should be undertaken on all seizures of amphetamine-type stimulants and the results should be made available to all drug law enforcement agencies, for example, through a focal point established by UNDCP for the region of Asia and the Pacific. The diversion of non-scheduled chemicals, associated precursors and other substances should be punishable as a criminal offence. Drug law enforcement authorities should develop close working cooperation with industry and traders, through the signing of agreements, such as memoranda of understanding, to monitor the licit

manufacture and trade in amphetamine-type stimulants and to prevent their loss or diversion to the illicit market.

100. The Commission on Narcotic Drugs should examine, in consultation with the World Health Organization, if needed, the issue of manufacture of ephedrine from sources other than ephedra, drawing on information available from Governments, and sharing its findings with Member States.

5. Illicit traffic in heroin

101. States that have not yet done so should establish a national capacity to collect data and to collate and analyse information on the illicit production, abuse and trafficking of heroin. States should encourage increased cooperation and involvement of drug law enforcement agencies in regional task forces, acting in response to specific operations involving illicit trafficking of significant quantities of drugs, the diversion of their chemical precursors, the laundering of the proceeds of drug trafficking and/or the arrest and prosecution of the principal actors in drug-trafficking operations.

102. Drug law enforcement agencies should continue to develop their capacity for the detection of heroin trafficked by sea through the use of risk analysis techniques, of trade and company profiles and of operational best practice, and through the development of pro-active intelligence and the deployment of the technology required to deal effectively with commercial operations.

6. Illicit traffic via the mail system

103. In response to the significant quantities of drugs illicitly trafficked via the international postal service and express mail systems, and to the profound changes under way in that industry, drug law enforcement authorities should ensure that they have developed close cooperation with the operators of those systems and that their operational response to the threat is appropriate. Drug law enforcement authorities intercepting drugs in mail destined for export, where the quantities of the drugs seized are too small to be considered for a controlled delivery, should pass on details concerning the addressee to the authorities of the State of destination for their advice and action.

104. Drug law enforcement agencies engaged in screening international mail should bring their influence to bear to induce their national postal services to amend the international classification of mail as "Letter Class and Other Articles" (LCOA), separating letters from parcels

UNDCP was requested to raise the issue of LCOA mail with the Universal Postal Union, with a view to changing the international classification and procedures for dealing with such mail.

B. Other matters brought to the attention of the Commission

105. The attention of the Commission is drawn to the offer of the Government of Myanmar to host the Twenty-fourth Meeting of Heads of National Drug Law Enforcement Agencies, Asia and the Pacific, at a date to be determined by UNDCP and the Government of Myanmar. The Twenty-third Meeting of HONLEA, Asia and the Pacific, accepted the offer of the Government of Myanmar.

Notes

¹ See UNDCP Country Office in Afghanistan, *Annual Opium: Poppy Survey* (Kabul: 1999).

² See UNDCP Field Office in Peru, "Situation report No. 65", October 1999.

³ For 1998, data from the United States included in the present document are preliminary and relate to the fiscal rather than the calendar year, although there have been few differences between the two sets of data in recent years.

⁴ See UNDCP Country Office in Afghanistan, *Annual Opium: Poppy Survey*.

⁵ Opium includes opium, morphine and heroin, with a conversion ratio of 10 kilograms of opium for 1 kilogram of heroin and morphine.

⁶ Price trends refer to average mid-point data that have been inflation-adjusted and weighted by size of population.

⁷ Data provided in the annual reports questionnaire for 1998 submitted by the Government of Colombia.

⁸ Based on reports of the UNDCP Field Office in Peru.

⁹ Data provided by the Bolivian National Directorate for Agricultural Recultivation.

¹⁰ Cocaine prices are calculated as inflation-adjusted weighted averages.



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Illicit drug traffic and supply: follow-up to the twentieth special session: Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and on Alternative Development

Follow-up to the Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and on Alternative Development

Report of the Executive Director

I. Background

The General Assembly, at its twentieth special session, adopted a Political Declaration (resolution 5/20/2 annex) and resolutions on several related matters, including the Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and on Alternative Development (resolution 5/20/4 E). In its resolution 53/115 on international co-operation against the world drug problem, the Assembly requested the Executive Director of the United Nations International Drug Control Programme (UNIDCP) to report to the Commission on Narcotic Drugs on the follow-up to the Action Plan. The report was submitted to the Commission at its forty-second session as document E/CN.7/1999/3. In its resolution 54/137, the Assembly again requested the Executive Director of UNIDCP to report to the Commission at its forty-third session on the follow-up to

the Action Plan. The second report of the Executive Director, which covers developments since 1999, is contained in the present document.

II. Follow-up to the Action Plan by the United Nations International Drug Control Programme

A. Global level

As a direct follow-up to the Action Plan, UNIDCP developed a five-year global programme for alternative development, valued at 1.7 million United States dollars (\$). The main aim of the global programme is to develop and disseminate lessons learned and best practices among from the wide range of alternative

¹ E/CN.7/2000/1.

development projects carried out by UNDCP around the world, and to improve the analysis and dissemination of project results. A technical repository of that nature will in future prove invaluable to Governments and UNDCP in the design of new programmes and projects, the identification of project indicators and benchmarks and the development of training programmes, evaluation missions and publicity material for substantive advocacy and fund-raising.

3. In April 1999, the global programme started to monitor and track the progress made in areas such as gender mainstreaming in rural development, credit schemes in illicit crop areas, development of agro-industries, income diversification, the role of community organizations, sound project monitoring and management at local and national levels. From October 1998 to January 2000, an assessment of gender mainstreaming activities in alternative development was carried out. The result of the assessment is contained in a UNDCP document entitled "Guidelines on best practices for gender mainstreaming in alternative development". The guidelines were finalized at a workshop of experts and constitute a practical review of existing knowledge and experiences on the gender situation in geographic areas affected by illicit cultivation of narcotic crops. The guidelines will be used, in the first instance, for training purposes and for project development exercises.

4. Another major development during the period under review was the setting up of an illicit crops monitoring programme in response to the Action Plan and to Commission resolution 42/3, entitled "Monitoring and verification of illicit cultivation".

5. The illicit crops monitoring programme currently focuses its work on the six countries in which the bulk of world illicit crop cultivation occurs, namely: Afghanistan, Bolivia, Colombia, the Lao People's Democratic Republic, Myanmar and Peru. Under a partnership arrangement with the European Space Agency, UNDCP carried out several assessment and programming missions from June to October 1999 in the six priority countries to identify their technical assistance needs for the establishment of national monitoring mechanisms. UNDCP also collaborated with relevant partners, a common methodology related to the monitoring of illicit crops, bringing into play a combination of applied technologies, such as satellite imagery, ground surveys and aerial surveys. The results of the missions conducted in the six priority countries and the implementation of the common methodology are under constant review by a panel of internationally recognized

experts in the field of remote sensing and monitoring. The first panel of experts met at UNDCP headquarters from 16 to 17 December 1999.

6. UNDCP has drawn up six national projects, one for each priority country. Some of the projects are under way, while others are subject to the availability of funding. The illicit crops monitoring programme has assisted in several new initiatives, including the following: a national ground survey in Afghanistan, using satellite imagery on five pilot districts to improve the quality of traditional surveys; a national survey in Colombia using satellite imagery; and a national ground survey in the Lao People's Democratic Republic, including preparatory work for remote sensing. Technical advice was offered in Bolivia to develop a national system to monitor illicit cultivation in Chapare and the Yungas region. In Peru, advice was provided to complement the existing national aerial survey capability with satellite images. In Myanmar, preparatory work started on the use of satellite imagery in the UNDCP alternative development project area as a first step towards eventual national coverage.

7. The national systems being promoted are expected to contribute significantly to the establishment and reinforcement of an international network for the monitoring of illicit crops, in line with Commission resolution 42/3. Equally important, the systems will become an essential tool for planning, monitoring and measuring the results of alternative development measures funded by Governments, UNDCP and other donors.

B. Regional and national level

8. In Pakistan, UNDCP is continuing its alternative development activities in the five districts of the North-West Frontier Province. Following successful eradication efforts by the Government of Pakistan, only 6.1 hectares of opium poppy were harvested in the 1999 harvest in Lower Swat District. The drug control activities of the second phase of the UNDCP five district development projects, under way since 1994, have been mostly achieved over the year prior to its completion. In order to sustain the elimination of the opium poppy crop, planning has begun for a 5- or 10-year consultation programme, involving bilateral and multilateral assistance.

9. In Afghanistan, the UNDCP alternative development pilot project continues to be implemented in four target districts of Nangarhar and Qandahar provinces. The

Activities carried out under the project aim at creating alternative sources of livelihood, increasing on- and off-farm income opportunities and improving social services and community amenities. Through participatory planning, the beneficiaries in the target districts are given the opportunity to identify and prioritize their needs with a view to their inclusion in the package of development assistance. Taking into account the limitations in action inside Afghanistan, because of the situation in the country which has led to the relocation of the international staff to Islamabad, the project mainly focuses on learning lessons in order to develop methodologies appropriate to the prevailing circumstances.

(6) The project will be incorporated into a new integrated drug control programme for Afghanistan that was elaborated in 1999. The new programme will strengthen UNDP capacity to work within the common programming approach for Afghanistan, while continuing the ongoing pilot projects. Common programming is a joint initiative by all United Nations agencies and non-governmental organizations active in Afghanistan and aims at enhancing the coherence and effectiveness of all activities in the country. It provides guidance to agencies that work in opium-poppies growing areas. UNDP will be in a position to introduce the drug control objectives into wider development programmes.

(7) In Myanmar, the inception phase of a five-year alternative development project in the southern Wa region ended at X177 million was under full implementation in 1999. The first phase will be subject to evaluation by Colongue-Martin Team. The project is targeting a major opium-producing area of the Wa region near the border with China covering about 250,000 hectares and growing 700 villages and 8,270 households. With the objective of reducing the cultivation of opium by Wa people over the project period, the project is using a community-based approach for the reduction and eventual elimination of the opium-based economy. A key component of the project is the development of a system to assess the amount of opium produced in the Wa region in order to monitor the progress of the project and ensure that its activities achieve the desired results. In 1998, baseline ground and aerial surveys for opium poppy cultivation were completed. Poppy cultivation, land use and socio-economic data were made available. Most of the project component leaders were recruited, the first group of target villages was selected, permanent project facilities were constructed and essential equipment was procured. UNDP also provided support to opium eradication

programmes initiated by local communities in the southern Wa and Kokang regions, providing irrigation systems, high-yielding rice varieties and improved access to roads.

(2) In the Lao People's Democratic Republic, new alternative development projects targeting priority areas in the provinces of Boukha, Houa Phan, Oudomxay and Xiang Khouang started operations in 1999, with a total budget of \$7.6 million. Activities are implemented in close cooperation with other international bodies, such as the United Nations Development Programme, the International Fund for Agricultural Development and the Asian Development Bank. In May 1999, the President of the Lao People's Democratic Republic and UNDP agreed to launch a six-year programme to eliminate opium poppy cultivation. The programme, jointly developed by UNDP and the Lao National Commission for Drug Control and Supervision, will target 25 priority districts in eight northern provinces. The multidisciplinary approach will require \$80 million for new drug control projects, and for ongoing and new projects with complementary objectives in the field of poverty alleviation. Estimated programme costs include \$60 million for alternative development, 25 per cent of which is contributed by roadworks supported by the Government in the form of soft loans. UNDP has begun project formulation under the programme, starting with the highest priority districts in Phongsavan province. The programme will involve active cooperation between bilateral donors and regional and international institutions.

(3) In Viet Nam, during the period until 1999, UNDP supported the \$4 million Kien Hoa alternative development pilot project (first phase) in the province of Nguoi An, bordering the Lao People's Democratic Republic and covering 252,500 hectares, with a target population of 18,000. The project is designed to assist poor households to implement or, and adapted to, opium poppy cultivation areas. The strict government's elimination of the opium poppy cultivation has successfully reduced opium poppy cultivation by more than 90 per cent in the project area, which, at the start of the project, produced more opium than any other district in the country. The village-based initiatives and activities under the project have resulted in improved socio-economic conditions and the introduction of various alternative income-generating activities for villagers. However, with limited generating activities, the villagers are not fully enthusiastic. Accordingly, UNDP agreed to the formulation of the second phase of the project in 2000, in line with the recommendations of the project evaluation.

14. During September and October 1998, the Governments of Bolivia, Colombia and Peru prepared three individual business plans for the elimination of illicit drug crops through alternative development. The objectives and overarching principles of the three business plans were presented to the Commission on Narcotic Drugs, at its forty-second session, in document E/CN.7/1999/1.

15. The three business plans comprise 18 projects at an aggregate cost of \$176.2 million, including three projects in Bolivia (\$64.2 million), seven projects in Colombia (\$60 million) and eight projects in Peru (\$45 million). All projects are grounded in the national alternative development plans of the respective countries, and are for execution during the period 1999-2003. Nearly 20 per cent, or \$33 million, has been raised so far for the business plans, and this has enabled UNDCP to start 12 of the 18 projects. Fund-raising efforts are under way to closely follow for the remaining \$143 million needed for full execution of the business plans by 2003.

16. During the period under review, the agroforestry programme in Bolivia was enlarged from a \$5 million budget in 1998 to a total budget of \$9.2 million, including a \$1.2 million cost-sharing contribution from the Government of Bolivia. Part of the new funding will deal with illicit coca cultivation in the Yungas, a region where restricted coca cultivation for traditional purposes is permitted by Bolivian law but which is increasingly being used also for illicit cultivation. The agroforestry programme works directly with over 1,700 beneficiaries, organized as shareholders in forest management units, and supports the processing and marketing of forestry products, including timber and cash crops such as apple from temperate forests from coffee and banana. Farmers are already deriving 3-400 per cent of income income under the project. Equally important, the programme promotes local and national authorities with the collaboration of non-governmental organizations to prevent and to eradicate all illicit coca cultivation, such management practices and the promotion of sustainable, low-chemical and independent forest production carried out in June 1999 confirmed that the project approach has led to a reduction in 1,500 hectares of coca cultivation in the area.

17. A second business plan project started with a preparatory assessment phase to introduce vocational training and microenterprises for about 7,000 young people in the Yungas region of Bolivia. The project assesses the

training needs and existing vocational training capacities as well as the absorption capacity of the labour market in areas affected by illicit cultivation of the coca bush. The third business plan project, started in September 1999, introduced an integrated system of national planning, management and monitoring for alternative development. The project also promotes better coordination of domestic and external resources.

18. Under the Peruvian business plan, UNDCP commitments rose from 34.2 million in early 1999 to currently \$7.6 million, covering four major coca-growing areas. The three new projects in the Lower Huallaga, the Pichis-Palcazu valleys (known as the Selva Culture) and the Icahuari and Lambiyata valleys (known as the Puno Selva) build substantially on the experience of the ongoing project in the Apurimac valley, in particular with regard to improvements in traditional crops such as coffee and cacao, and to business-oriented management practices for agro-industrial enterprises, including the production of guano oil and grain beer. In the Selva Central, UNDCP also supports improved cattle breeding, two palm oil processing and rural infrastructure, including timber value chain, rehabilitated under the project.

19. For the first time, the Government of Peru contributed co-funding of \$6.6 million to UNDCP projects. Project formalizations were carried out for business plan projects in Palmaragrasa, Santa Rosa and in the Nequeon-Yungas Maria area, and primary activities already in start-up phase in handling. Under the other business plan projects, UNDCP is upgrading the technical, managerial and financial capacities of the national drug control commission in coordination with the United Nations Development Programme (UNDP), as well as the capacity of the Government to undertake actions for the elimination of illicit crops.

20. In November 1999, UNDCP continued to assist the Office of the National Alternative Development Plan in the technical, financial and managerial levels with the formulation of several the country's strategic framework of the alternative development. Emphasis was placed on ensuring that the projects are integrated into the national and municipal development plans. The project also provided seven projects in the Yungas processing centres in the PUNAZU project areas. UNDCP continued to support agricultural extension services reaching 2,500 farm families in the departments of Bolivia, Ecuador, El Salvador, Guatemala, Honduras and Nicaragua. In the second half of 1999, a second business plan project, "Alternative

development for Meta-Caqueta", started to provide assistance to farmers in the cultivation of legal crops and cattle-breeding.

21. UNDCP also supported the Government in the formulation of four additional business plan projects worth \$30 million for about 5,000 farm families in areas of coca and opium poppy cultivation. The pace of work in Colombia is directly dependent on progress made by the Government in addressing the armed conflict in the country.

22. In Colombia and Peru, UNDCP assists Governments with the establishment of national systems for monitoring illicit drug crops. These systems will not only allow crop measurement, but also provide data on eradication efforts in Colombia and on progress in alternative development in both countries. In Peru, the first phase of the coca monitoring project is in full operation, with the aim of producing detailed maps of 15 coca-growing areas based on a combined interpretation of air photographs, satellite images and ground surveys. The aerial survey has been completed for six coca-growing areas. In Colombia, the monitoring project started in September 1999. It is designed as a bridging project that provides the Colombian pilot phase of a first satellite survey in Guaviare and parts of Vichada and Vichada, and that will be linked to a future land use mapping project to be funded by the European Commission. Both the Colombian and Peruvian projects feed into the UNDCP integrated crop monitoring programme.



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Implementation of the international drug control treaties:
changes in the scope of control of substances

Changes in the scope of control of substances

Note by the Secretariat

The United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988,¹ article 12, paragraph 13, provides that the "Board shall report annually to the Commission on the implementation of this article and the Commission shall periodically review the adequacy and propriety of Table I and Table II". The attention of the Commission on Narcotic Drugs is drawn to the attached note verbale dated 15 December 1999 from the President of the International Narcotics Control Board addressed to the Chairman of the Commission on Narcotic Drugs concerning the proposed inclusion of norephedrine in Table I of the 1988 Convention (see annex). The assessment, findings and recommendations of the Board with respect to the substance are attached to the note verbale. The Commission, on the recommendation of the Board and pursuant to article 12, paragraph 5, of the 1988 Convention, may decide by a two-thirds majority of its members to place a substance in Table I or Table II of the Convention.

^{*} E/CN.7/2000/1.

¹ *Official Records of the United Nations Conference for the Adoption of a Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, Vienna, 21 November-26 December 1988, vol. I (United Nations publication, Sales No. E.94.XI.5).*

Annex

Note verbale dated 15 December 1999 from the President of the International Narcotics Control Board addressed to the Chairman of the Commission on Narcotic Drugs

The President of the International Narcotics Control Board presents his compliments to the Chairman of the Commission on Narcotic Drugs and has the honour to inform him that the International Narcotics Control Board, in conformity with article 12, paragraphs 4 and 5, of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (hereinafter referred to as the 1988 Convention), has completed its assessment of norephedrine for possible inclusion in Table I of the 1988 Convention.

The Board finds that norephedrine is frequently used in the illicit manufacture of amphetamine and that the volume and extent of the illicit manufacture of amphetamine creates serious public health or social problems, so as to warrant international action. The Board therefore recommends that norephedrine be included in Table I of the 1988 Convention.

The Board's assessment findings and recommendations in respect of the substance are contained in the appendix, which has been prepared for submission to the Commission on Narcotic Drugs at its forty-third session. The information contained in the appendix has also been published in the reports of the Board for 1998^a and 1999^b on the implementation of article 12 of the 1988 Convention, pursuant to paragraph 13 of that article.

Notes

^a *Predecessors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 1998 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988* (United Nations publication, Sales No. E.99.XI.4).

^b *Predecessors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 1999 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988* (United Nations publication, Sales No. E.00.XI.3).

Appendix

Assessment of norephedrine pursuant to the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, article 12, paragraph 4, for inclusion in Table I and Table II of the 1988 Convention

A. Background

1. In September 1997, the Government of the United States of America submitted a notification to the Secretary-General, pursuant to article 12, paragraph 2, of the 1988 Convention, proposing that norephedrine,¹ including its salts and enantiomers (optical isomers), should be included in Table I of that Convention. The notification stated that norephedrine had been increasingly used as a precursor for the illicit manufacture of amphetamine in the United States and in Mexico. The problem had reached such proportions that, in the opinion of the Government of the United States, it was necessary to place the substance under international control.

2. The increasing use of norephedrine in illicit drug manufacture is believed to be a direct result of the successful introduction of controls to prevent the diversion of ephedrine and pseudoephedrine, *inter alia*, into North America. Those substances are listed in Table I of the 1988 Convention because of their frequent use in the illicit manufacture of methamphetamine. Norephedrine may be used in illicit drug manufacture, applying the same method, conditions and co-reagents, in the same way as ephedrine and pseudoephedrine. However, the final product is amphetamine, and not methamphetamine. Seizures from illicit laboratories have revealed end products containing both amphetamine and methamphetamine, indicating that norephedrine may have been used to supplement short supplies of ephedrine. Amphetamine is already replacing methamphetamine on the street market in some parts of the United States.

3. The Board conducted an assessment of norephedrine in 1998 and found that the substance is frequently used in the illicit manufacture of amphetamine, and that the volume and extent of the illicit manufacture of amphetamine creates serious public health or social problems, so as to warrant international action. The Board decided, however, to defer its final conclusion on the scheduling of

norephedrine for one year in order to further study, in close association with the World Health Organization and international associations of pharmaceutical industries, the possible impact of scheduling under the 1988 Convention on the availability for medical use of pharmaceutical products containing that substance, in particular, by examining information from those countries that had not previously provided relevant data. To that end, a questionnaire was distributed by the Board during 1999.

B. Assessment

4. Article 12, paragraph 4, of the 1988 Convention stipulates those factors which the Board is to consider when assessing a substance for possible control, as follows:

"If the Board, taking into account the extent, importance and diversity of the licit use of the substance, and the possibility and ease of using alternate substances both for licit purposes and for the illicit manufacture of narcotic drugs or psychotropic substances, finds:

(a) That the substance is frequently used in the illicit manufacture of a narcotic drug or psychotropic substance;

(b) That the volume and extent of the illicit manufacture of a narcotic drug or psychotropic substance creates serious public health or social problems, so as to warrant international action,

it shall communicate to the Commission an assessment of the substance, including the likely effect of adding the substance to either Table I or Table II on both licit use and illicit manufacture, together with recommendations of monitoring measures, if any, that would be appropriate in the light of its assessment."

5. In making its assessment, in accordance with article 12, paragraph 4, of the 1988 Convention, the Board had at its disposal the information contained in the notification submitted by the Government of the United States, as well as comments and supplementary information received from Governments pursuant to article 12, paragraph 3. Thirty-two countries and territories, and the European Commission, had responded to the questionnaire sent out by the Secretary-General in 1998. Of those, 12 countries and territories supported, or recorded no objection to, the proposal to include norephedrine in Table I of the 1988 Convention.

6. Since the replies came mainly from the major manufacturing and trading countries, the Board supplemented the data with information provided by consumer countries in response to the questionnaire distributed by the Board in 1999. That information specifically related to the medical use of norephedrine in pharmaceutical preparations and to the potential impact of the scheduling of norephedrine on the availability of those products. Thirty-five other States supplied data relevant to the assessment, bringing to 67 the total number of States that responded to the questions raised by the proposed scheduling.

7. In conducting the assessment, the Board has taken the following factors into consideration:

(a) Norephedrine is used mainly in the illicit manufacture of amphetamine, which, together with its salts and isomers, is included in Schedule II of the Convention on Psychotropic Substances of 1971.^{3, 4}

(b) Norephedrine is an immediate precursor for amphetamine. It is chemically and pharmacologically similar to ephedrine and pseudoephedrine, and may be converted relatively easily to amphetamine using the same manufacturing method as that applied in converting those substances to methamphetamine.

(c) The current use of norephedrine in the illicit manufacture of drugs relates to the need by traffickers to find a precursor to serve as an alternative to the strictly controlled ephedrine and pseudoephedrine, both of which are listed in Table I of the 1988 Convention.

(d) Current controls on ephedrine and pseudoephedrine may increasingly push traffickers to illicit use of norephedrine;

(e) Norephedrine is commercially available, with licit use limited entirely to the pharmaceutical industry, where it is an old product with established therapeutical

uses in mainly over-the-counter products such as nasal decongestants and cold remedies;

(f) The majority of countries reporting licit medical use of norephedrine already subject those products to some form of national control;

(g) The manufacture and distribution of products containing norephedrine occurs mainly at the national level.

C. Findings

8. In view of the above-mentioned factors, the Board finds that:

(a) Amphetamine, primarily derived from illicit manufacture, is a widely abused substance worldwide. That abuse is spreading to countries previously unaffected. The volume and extent of illicit manufacture of amphetamine creates serious public health and social problems of a multiregional nature warranting international action.

(b) Norephedrine is a highly suitable substance for the illicit manufacture of amphetamine and plays an important role as a precursor. Use of the substance in illicit manufacture is increasingly being detected, with Australia and South Africa having now reported such activity in addition to the original reports received from Mexico and the United States. Given the ease of the illicit manufacturing process and the ready availability of norephedrine, illicit use of the substance may spread to other regions. In particular, operators of clandestine laboratories in Europe, where most of the known illicit manufacture of amphetamine worldwide occurs, may also shift in the future to the use of norephedrine in the illicit manufacture of amphetamine to avoid stricter controls applied to the precursors already scheduled in the 1988 Convention.

(c) The problem of diversion of norephedrine has international dimensions, with the current methods and routes of diversion identifying Europe as the source of much of the norephedrine being diverted to North America;

(d) Licitly, norephedrine is only used by the pharmaceutical industry, an already well-regulated industry with a good record of cooperation in implementing controls over the analogous substances ephedrine and pseudoephedrine;

(e) The impact of scheduling a substance with pharmaceutical applications in the 1988 Convention has not previously had an adverse effect on the availability for medical use of pharmaceutical products containing that substance. Two substances with pharmaceutical applications currently scheduled in the 1988 Convention, namely ephedrine and pseudoephedrine, are closely related to norephedrine, both chemically and pharmacologically, and both of those substances have been under the control of the Convention since its inception. No adverse effects on the availability of pharmaceutical products containing those substances have been reported.

(f) The availability of pharmaceutical products containing norephedrine at the retail level is determined by the controls implemented by Governments at the national level. Those national controls should be structured in a manner that ensures the availability of norephedrine for formulation in those products and their effective distribution at the consumer level.

(g) Scheduling of norephedrine under the 1988 Convention would have no adverse effect on the availability for medical use of pharmaceutical products containing that substance.

D. Recommendations

9. The Board is of the opinion that the international control of norephedrine is required to limit its availability to traffickers and reduce the quantity of amphetamine manufactured illicitly. Furthermore, those controls would have no adverse effect on the legitimate trade in that substance or on its availability for licit medical requirements. In view of the above, the Board recommends that norephedrine be placed under control of the 1988 Convention.

10. Currently, the only difference between Table I and Table II of the 1988 Convention is the provision of pre-export notifications in accordance with article 12, paragraph 10 (a), of that Convention. Considering the methods and routes of diversion of norephedrine identified during the assessment, the Board found that such notification will assist in preventing diversion for use in the illicit manufacture of amphetamine. The Board therefore recommends that norephedrine be added to Table I of the 1988 Convention.

Notes

⁸ The term "phenylpropanolamine" was used by the Government of the United States in the notification submitted to the Secretary-General on 25 August 1997. That term has been found to be a collective term which covers norephedrine and its stereoisomer norpseudoephedrine (analogous to ephedrine and pseudoephedrine already listed in Table I of the 1988 Convention). Because it was the intention of the United States proposal to control only norephedrine, the Board recommended that, to avoid any confusion over terminology, the substance should not be referred to as "phenylpropanolamine" but as "norephedrine".

⁹ United Nations, *Treaty Series*, vol. 1019, No. 14956.

¹⁰ In addition, norephedrine has been used in the illicit manufacture of another Schedule II substance, phenmetrazine, of the Schedule IV substance, phendimetrazine, and of the non-scheduled substance, 4-methylaminorex. Norephedrine may also be used to manufacture the Schedule I substance, cathinone.

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Strengthening the United Nations machinery for drug control

Strengthening the United Nations machinery for drug control**Report of the Executive Director**

1. In its resolution 1999/30, entitled "Review of the United Nations International Drug Control Programme: strengthening the United Nations machinery for international drug control within the scope of the existing international drug control treaties and in accordance with the basic principles of the Charter of the United Nations", the Economic and Social Council identified the following areas on which to focus in order to strengthen the United Nations machinery for drug control: (a) enhancing the functioning of the Commission on Narcotic Drugs; (b) enhancing the functioning of the International Narcotics Control Board; (c) strengthening the financing of the United Nations International Drug Control Programme (UNDCP); (d) the framework for inter-agency cooperation and coordination; and (e) the operations of UNDCP. In its resolution 54/132, the General Assembly took note of the recommendations contained in Council resolution 1999/30, and stressed its resolve to strengthen the United Nations machinery for international drug control, in particular UNDCP, to enable it to fulfil its mandate.

2. The measures recommended to enhance the functioning of the Commission have been implemented, as reflected in the new structure of the agenda of the Commission. The measures to enhance the functioning of the Board were brought to the attention of the World Health Organization and the Council prior to the election of new members of the Board in 1999. Similarly, the ongoing close relationship between the Board and UNDCP have contributed to increased synergies between the Board and the Programme.

3. With regard to strengthening the financing of UNDCP, the Council had recommended that a sufficient share of the regular budget of the United Nations be allocated to enable UNDCP to fulfil its mandates. In the context of a zero-growth budget, UNDCP received a substantial increase from the regular budget of the United Nations for the biennium 2000-2001. That reflects the priority attributed by Member States to drug control following the twentieth special session of the General Assembly. In spite of the significant increase, the additional amount falls far short of the resources required for the full implementation of the action plans and measures

^{*} E/CN.7/2000/1

adopted at the twentieth special session. While initiatives to broaden the donor base of UNDCP have not led to a significant increase in the number of donors, the pledging of voluntary contributions increased by 35 per cent during 1999 compared to 1998. Increased resources from cost-sharing arrangements with beneficiaries of technical assistance provided by UNDCP also contributed to the improved financial situation of the Programme. At the reconvened forty-second session of the Commission, the Executive Director of UNDCP, in response to Council resolution 1999/30, submitted to the Commission an analysis of the implications of instituting a results-based budget for the Fund of the United Nations International Drug Control Programme (E/CN.7/1999/19). The analysis took into account the practices of other funds and programmes within the United Nations system. In line with the recommendation of the Council, the budget of the Fund of UNDCP continues to be harmonized with the budgets of those funds and programmes.

4. The Council requested the Executive Director of UNDCP, with the assistance of the Chairman of the High-level Expert Group to review the United Nations International Drug Control Programme and to strengthen the United Nations Machinery for Drug Control, to continue to explore innovative means of increasing the resources for drug control programmes, including the creation of a global drug facility, for example, along the lines of the Global Environment Facility, and to report thereon to the Commission at its forty-third session. Pursuant to that request, the Executive Director initiated direct consultations with the President of the World Bank, who was strongly in favour of closer cooperation with UNDCP, in particular through support by the Bank for poverty eradication as a component of alternative development programmes. UNDCP field offices have been involved with the World Bank at the country level in efforts to eradicate illicit crops through alternative development within the framework of poverty eradication programmes.

5. In consultation with the Chairman of the High-level Expert Group, it was decided to pursue an incremental approach, seeking at an initial stage to enlist World Bank support for UNDCP operations at the field level. The engagement and participation of the World Bank in UNDCP programmes, particularly those aimed at poverty eradication as a component of alternative development programmes, is considered to be an essential building block for the more ambitious objective of establishing a global drug facility. The eventual establishment of a global

drug facility should be carefully planned. For fruitful and sustainable cooperation to emerge, it is imperative for the World Bank to be fully involved as an institution in support of drug control. The Executive Director will inform the Commission, at its forty-fourth session, of the status of cooperation with the World Bank.

6. The issue of drug control has been designated as a major cross-cutting priority for the United Nations system. Monitoring the implementation of the outcome of the twentieth special session of the General Assembly will become part of the United Nations review of the follow-up to major conferences through the Administrative Committee on Coordination and its subsidiary machinery. The process of intergovernmental coordination and follow-up will also involve monitoring, providing additional support for the implementation of the action plans and measures adopted at the twentieth special session to further international cooperation in drug control.

7. With regard to inter-agency coordination and cooperation, UNDCP has actively participated in the United Nations Development Assistance Framework (UNDAF) to ensure that drug control is recognized by Member States as a national priority. That has led to a marked trend towards joint multi-agency initiatives involving drug control. Through UNDAF, UNDCP is seeking greater involvement of the United Nations Development Programme (UNDP) in its activities, given the special role of UNDP as a coordinator for development activities within the United Nations system.

8. Similarly, the Subcommittee on Drug Control of the Administrative Committee on Coordination has emphasized the importance of strengthening coordination in operational activities at the field level. It has taken the initiative to develop a broad policy framework within which participating agencies could fit their individual and joint activities. In that regard, joint activities and programmes are currently being undertaken with the involvement of the Office of the United Nations High Commissioner for Refugees, the Joint and Co-sponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (UNAIDS), the United Nations Children's Fund, United Nations Development Programme, the United Nations Population Fund, the International Labour Organization (ILO), the Food and Agriculture Organization of the United Nations, the United Nations Educational, Scientific and Cultural Organization, the World Health Organization, the World Bank, the International Fund for Agricultural

Development, the Asian Development Bank, and the Inter-American Development Bank, mainly in the field of demand reduction and the eradication of illicit drug crops as a part of alternative development programmes. Cooperation with ILO exemplifies the synergies between the drug control mandates of two organizations within the United Nations system. After a five-year pilot testing programme in five countries, a UNDCP/ILO methodology for addressing substance abuse in the workplace is currently being implemented around the world. As an expression of its commitment to enhancing inter-agency cooperation, UNDCP became the seventh co-sponsor of UNAIDS in 1999, resulting in closer cooperation in the planning and implementation of activities targeting drug-injecting abusers. The report of the Executive Director on the activities of UNDCP (E/CN.7/2000/9) describes the initiatives taken during 1999 to strengthen the operations of UNDCP that will contribute to enhancing the capacity of the United Nations system to achieve the overall objectives of drug control.

9. The Commission is invited to provide guidance on action to be taken by UNDCP and the United Nations system to strengthen the role of the United Nations in the field of drug control. Of particular importance is the role that the specialized agencies and the funds and programmes will be called upon to play, within their respective mandates, to support government efforts to implement, within the agreed time-frames, the action plans and measures adopted by the General Assembly at its twentieth special session.
